rec'd 17,79 S 4380-1

MISSISSIPPI STATE PLAN

FOR

DRUG ABUSE PREVENTION

FISCAL YEAR 1980

Division of Alcohol and Drug Abuse
Mississippi Department of Mental Health
619 Robert E. Lee Office Building
Jackson, Mississippi 39201
July, 1979

TABLE OF CONTENTS

		Page
I.	State Agency Policy and Planning Process	1
	A. Substance Abuse Policy	5
	B. State Agency Planning Process	7
II.	Analysis of Needs Assessment Data	15
III.	Plan for the Functional Areas	56
	A. General Administration	56
	B. Planning and Coordination	67
	C. Treatment and Rehabilitation	80
	D. Management Information Systems	100
	E. Research and Evaluation	105
	F. Prevention	113
	G. Training	137
	H. Criminal Justice Interface	141
IV.	Summary of Financial Support	150
	Index of Required Items	153

I. STATE AGENCY POLICY AND PLANNING PROCESS

The Single State Agency for Drug Abuse Prevention and the State Alcoholism Authority for the State of Mississippi is the Department of Mental Health (DMH). The responsibility for the development and implementation of the State Plan for Drug Abuse and the State Plan for Alcohol Abuse and Alcoholism is assigned to the Division of Alcohol and Drug Abuse (DADa).

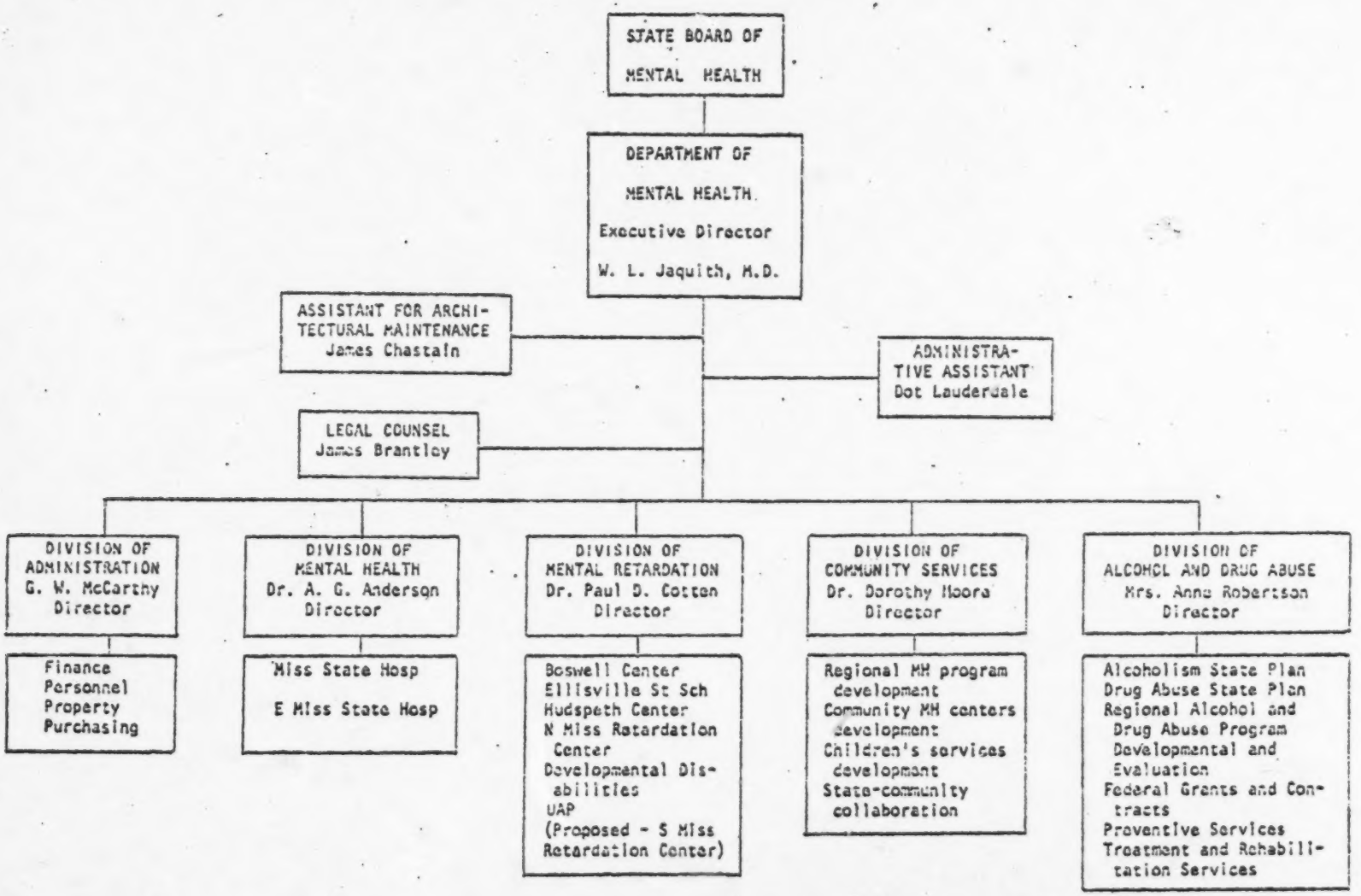
No organizational changes have occurred since the submission of the FY 79 State Plan. The organization of the Division, as it currently functions, is reflected in the following organizational charts which are found on subsequent pages:

a. Department of Mental Health Chart.

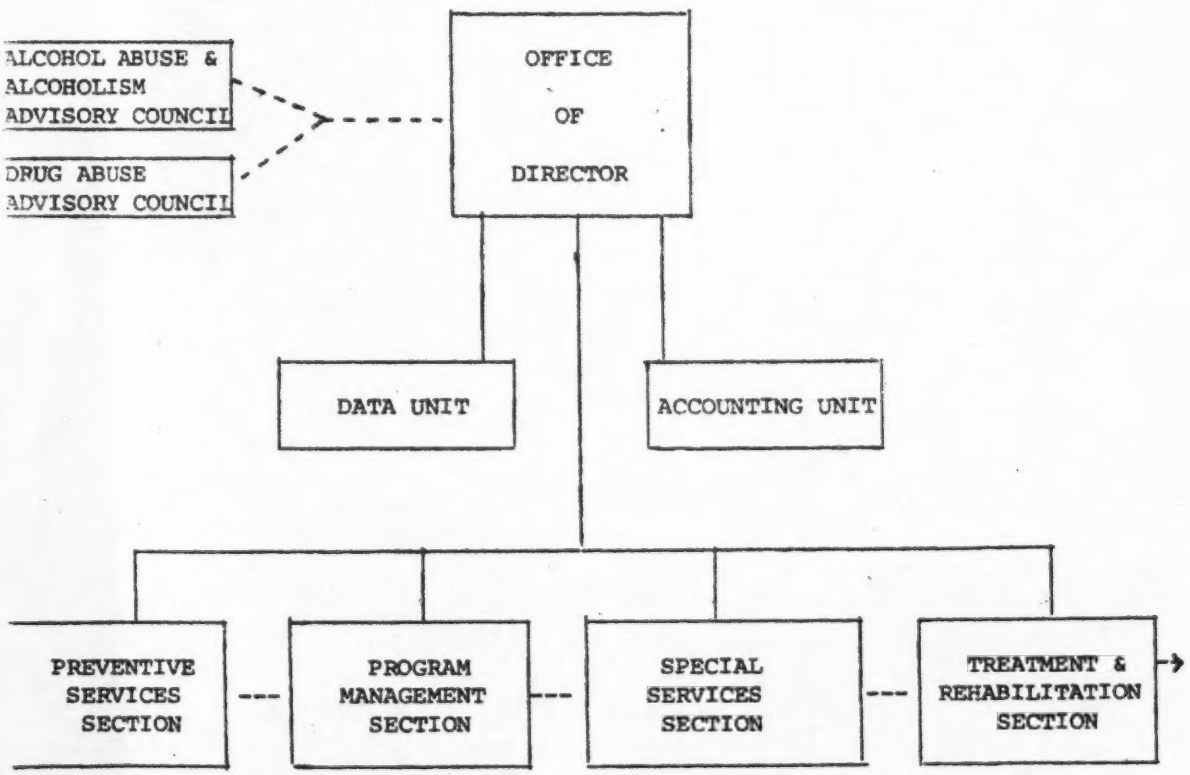
b. Division of Alcohol and Drug Abuse chart.

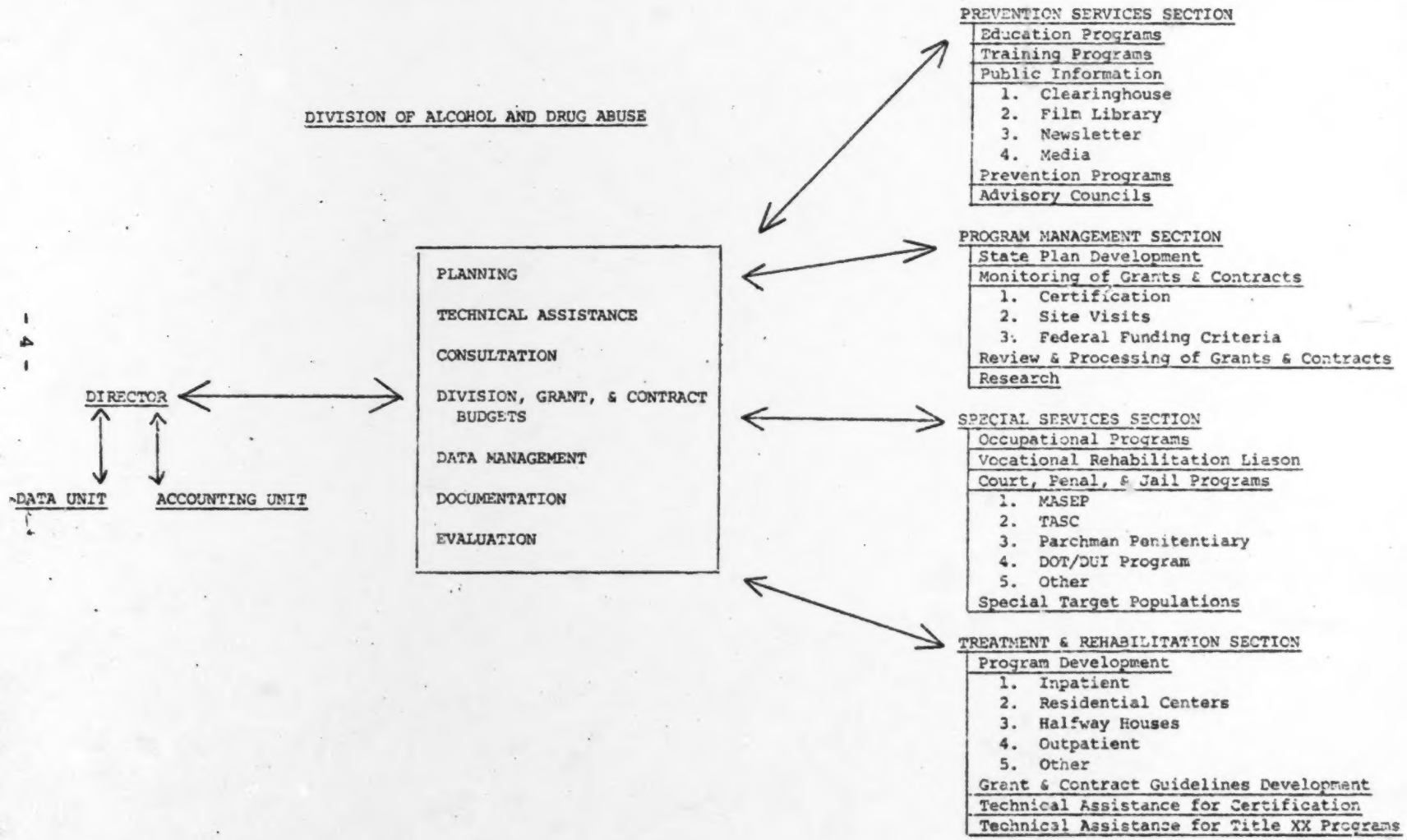
c. A chart delineating the functions and responsibilities of the Division by sections.

As stated below in A. Drug Abuse Policy, the Division of of Alcohol and Drug Abuse is committed to the policy that substance abuse services should be developed on a multi-county regional basis, with the regions being small enough to enable the maximum use of existing resources and provide easy access by various client populations to the services rendered. Therefore, administratively the DADA adheres to the policy of organizing in a manner that enhances its ability to maintain such regional programs. This task is accomplished by organizing the Division in such a way that it is able to provide technical assistance for and appropriate evaluation of the various service areas


STATE BOARD OF MENTAL HEALTH
DEPARTMENT OF MENTAL HEALTH
Executive Director
W. L. Jaquith, M.D.
ASSISTANT FOR ARCHITECTURAL MAINTENANCE
James Chastain
ADMINISTRATIVE ASSISTANT
Dot Lauderdale
LEGAL COUNSEL
James Brantley
DIVISION OF ADMINISTRATION
G. W. McCarthy
Director
DIVISION OF MENTAL HEALTH
Dr. A. G. Anderson
Director
DIVISION OF MENTAL RETARDATION
Dr. Paul D. Cotten
Director
DIVISION OF COMMUNITY SERVICES
Dr. Dorothy Moore
Director
DIVISION OF ALCOHOL AND DRUG ABUSE
Mrs. Anne Robertson
Director
Finance
Personnel
Property
Purchasing
Miss State Hosp
E Miss State Hosp
Boswell Center
Ellisville St Sch
Hudspeth Center
N Miss Retardation Center
Developmental Disabilities
UAP
(Proposed - S Miss Retardation Center)
Regional MH program development
Community MH centers development
Children's services development
State-community collaboration
Alcoholism State Plan
Drug Abuse State Plan
Regional Alcohol and Drug Abuse Program Developmental and Evaluation
Federal Grants and Contracts
Preventive Services
Treatment and Rehabilitation Services

DIVISION OF ALCOHOL AND DRUG ABUSE




DIVISION OF ALCOHOL AND DRUG ABUSE
DIRECTOR
DATA UNIT
ACCOUNTING UNIT
PLANNING
TECHNICAL ASSISTANCE
CONSULTATION
DIVISION, GRANT, & CONTRACT BUDGETS
DATA MANAGEMENT
DOCUMENTATION
EVALUATION
PREVENTION SERVICES SECTION
Education Programs
Training Programs
Public Information
1. Clearinghouse
2. Film Library
3. Newsletter
4. Media
Prevention Programs
Advisory Councils
PROGRAM MANAGEMENT SECTION
State Plan Development
Monitoring of Grants & Contracts
1. Certification
2. Site Visits
3. Federal Funding Criteria
Review & Processing of Grants & Contracts
Research
SPECIAL SERVICES SECTION
Occupational Programs
Vocational Rehabilitation Liason
Court, Penal, & Jail Programs
1. MASEP
2. TASC
3. Parchman Penitentiary
4. DOT/DUI Program
5. Other
Special Target Populations
TREATMENT & REHABILITATION SECTION
Program Development
1. Inpatient
2. Residential Centers
3. Halfway Houses
4. Outpatient
5. Other
Grant & Contract Guidelines Development
Technical Assistance for Certification
Technical Assistance for Title XX Programs

of the regional programs. Briefly, it is divided into four functional sections. These four sections are as follows: Preventive Services--prevention, public information, training, and education; Special Services--court and correctional programs, occupational programs, and specific population programs; Program Management Services--standards, data analysis, and program monitoring; and Treatment and Rehabilitation Services--all areas of treatment and rehabilitation services except those included in the Special Services Section. In addition, responsible to the Division of Alcohol and Drug Abuse Director, but aiding the four sections, are the Data Unit and the Accounting Unit. The Data Unit is responsible for the State Drug Authority's data collection and processing. The Data Unit uses the Mississippi Substance Abuse Management Information System for collection of information on the regional programs. The Accounting Unit is responsible for the financial monitoring of the Division-funded programs.

Exhibit A in the Appendix is a brochure developed by the Preventive Services Section which is used to inform the public of the functions of the Division of Alcohol and Drug Abuse.

A. Substance Abuse Policy

As mentioned, the Division of Alcohol and Drug Abuse is committed to the policy that substance abuse services should be developed on a multi-county regional basis, with the regions being small enough to enable the maximum use of existing resources and to provide easy access by various

client systems to the services rendered. Mississippi at this time does not have a uniform geographic regional design for program planning and service delivery that is equally operable throughout the state. However, the community mental health system has been adopted as the most functional mechanism for the regional planning and delivery of substance abuse services. This regionalization permits, to the best extent possible, linkages with the utilization of existing service delivery systems and considerable program flexibility without unnecessary duplication.

The ultimate goal of the Division is for each region to have a comprehensive network of substance abuse services in the areas of prevention, treatment, and rehabilitation, tailored to the needs of the citizens in each region. As an interim goal the DADA intends to establish a core substance abuse staff in each of the 15 mental health/mental retardation regions of the state.

The 15 mental health/mental retardation regions are funded by the Division for the operation of alcohol and drug abuse services and/or the planning of such services. All regions except Region 8 provide such services. Region 8 has been funded primarily as a planning program for the assessment of need and projected plan for services in that region as no mental health services, including alcohol and drugs services, have existed in that region. However, Region 8 has recently received a National Institute of Mental

Health grant for the provision of comprehensive mental health services, including substance abuse services. The goals and objectives of the regional programs will be discussed in greater detail later in this State Plan.

B. State Agency Planning Process

Committed to the policy of rendering alcohol and drug abuse services on a multi-county regional basis, the Division adheres to the policy that planning and coordination operate similarly at the state and local levels. In general, the goals and objectives of the Division of Alcohol and Drug Abuse are developed based on input from the following: (1) citizens, (2) providers, (3) the Department of Mental Health, and (4) DADA staff.

First, citizen input is obtained at the state and local levels. Local level input is generally obtained through the advisory councils and governing boards of the local programs. For the alcohol and drug abuse programs in the 15 community mental health centers, the governing boards as established by state law are the Mental Health/Mental Retardation Commissions. The membership of the commissions include one commissioner from each participating county of the catchment area. Each commissioner is appointed by the county board of supervisors, the basic governing unit for the counties of Mississippi. By having the commissions appointed by the boards of supervisors and the commissions having authority over the operation of these substance abuse programs, the

planning needs and priorities of the municipalities are appropriately addressed.

Other local citizen input into the local programs include the local advisory councils. All regional programs are required to have advisory councils which are developed under assurances that the councils are representative of the region geographically and demographically. These councils include both providers and consumers. The programs are required to maintain copies of the minutes of the council meetings.

At the state level, citizen input is obtained from the Board of Mental Health and the DADA Advisory Council. The Board of Mental Health, as established by state law, is to be demographically and geographically representative of the state and to include providers and consumers. The Board members are appointed by the Governor of Mississippi based on a formula developed in the law. In general, no one governor could appoint a majority of the Board members unless vacancies occurred caused by unexpired terms of some of the Board members. The Board of Mental Health is the overall policy making group for the Department of Mental Health and its various divisions, including the Division of Alcohol and Drug Abuse.

At the state level, citizen input into the planning process is one of the functions of the Advisory Council to the Division. In order to aid the Division in planning in specific areas, the following task forces were formed during

FY 79: (1) Task Force on Women, (2) Task Force on Youth, (3) Legislative Task Force, and (4) Needs Assessment Task Force. The Council is composed of 34 members which represent the major socio-economic and ethnic groups, geographic considerations, agencies, providers, consumers, and consumer advocates. The Division staff members are present at every meeting of the Council and the task forces to receive and respond to the recommendations of the Council. A copy of the Advisory Council minutes, bylaws, membership, map showing membership representation, Task Force on Women minutes, Task Force on Youth minutes, and Needs Assessment Task Force minutes are included in the Appendix as Exhibit B.

The process for provider input consists of four mechanisms, as follows: (1) each regional program must participate in the Mississippi Substance Abuse Management Information System (MSAMIS); (2) each regional program must maintain an ongoing regional needs assessment and resources survey; (3) attendance is required at the quarterly meetings of the program coordinators sponsored by the DADA; and (4) representation on the task force modifying the MSAMIS forms and output reports.

The Division evaluates local priorities so as to make them reasonably consistent with the state policy through the DADA's grant review process, standards implementation, and annual site visits. All grant applications submitted

to the Division are required to be consistent with the State Plans and are reviewed by appropriate DADA staff to assure that this consistency exists prior to funding.

At the present time, the only funds available to the State Drug Authority for the implementation of regional/local service delivery programs are National Institute on Drug Abuse 409 and Statewide Services Contract funds. These are made available to regions under guidelines which comply with the State Plan and National Institute on Drug Abuse regulations establishing the direction and ranking of priorities. However, if a regional/local program identifies and documents priorities which are, in any manner, out of sequence with state or federal priorities, the regional/local program and the State Drug Authority will negotiate for a mutually acceptable resolution of the disparity. If a resolution compatible with state and federal priorities cannot be obtained but the regional/local priority is viable, technical assistance is provided by the State Drug Authority for the purpose of establishing and locating alternative methods and/or funding sources to meet the priority.

Being part of the Department of Mental Health, the Division of Alcohol and Drug Abuse adheres to the policies of the Department. However, through established mechanisms, the DADA has input into such policies. The DADA Director attends the Board of Mental Health meetings and the Department of Mental Health division directors' meetings. DADA staff

are represented on the Department's Certification Committee, for developing program certification standards, and the Manpower Development Task Force, for developing a Department Training Division. Therefore, the DADA's planning process is impacted by departmental policies, but the Division has input into such policies.

In regard to DADA staff input into the Division's goals and objectives, staff have input into the overall goals through general staff meetings. In these meetings major Division activities are discussed and planned. Specific goals and objectives for the functional areas are established by specific sections and units of the Division. The tasks of these sections and units and an organizational chart were included earlier in this plan in the introduction of I. State Agency Policy and Planning Process. Each section supervisor and unit coordinator is responsible for developing the specific objectives and action plans for this State Plan.

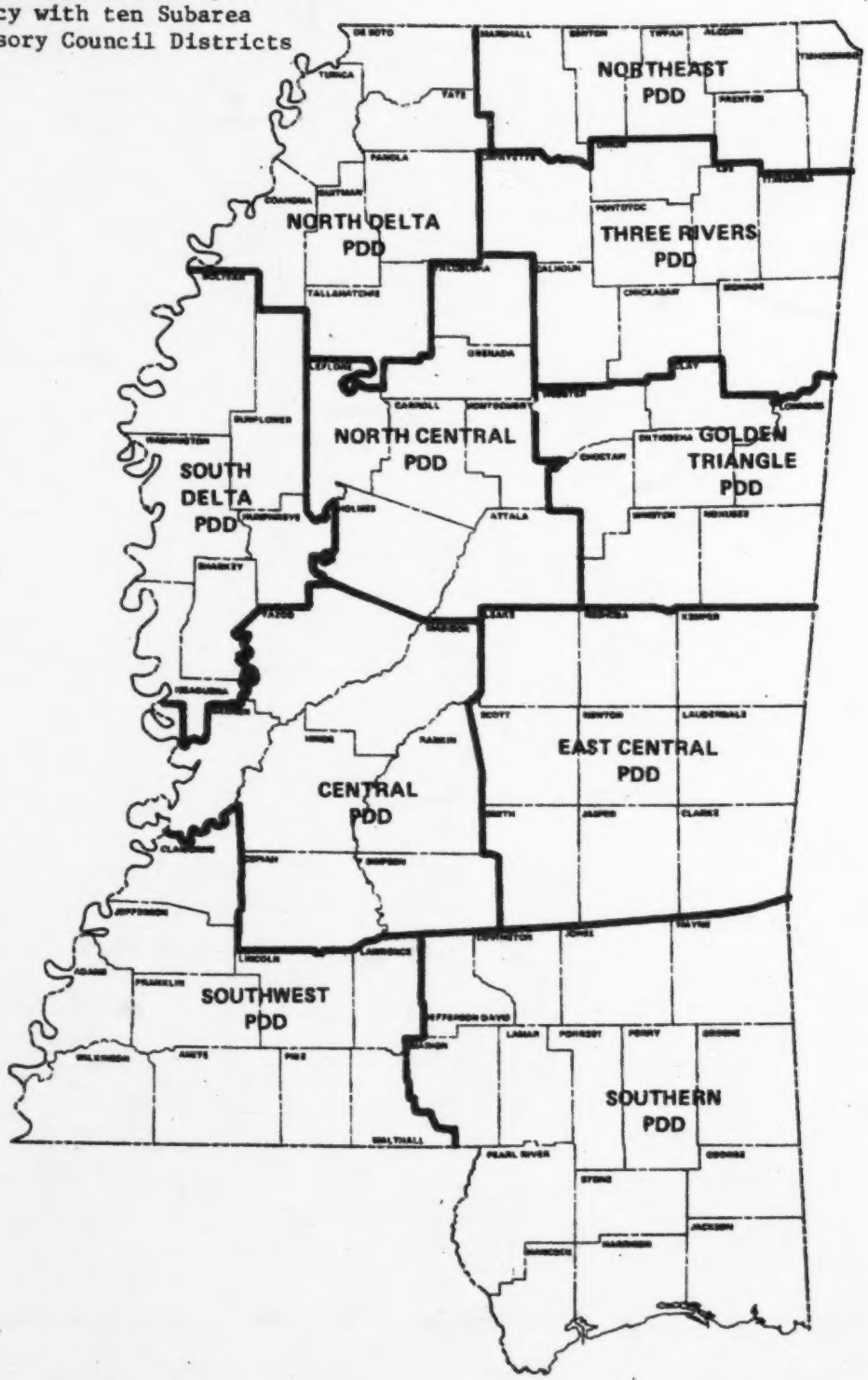
In regard to the Division's relations with the Mississippi Health Systems Agency and the State Health Coordinating Council, the DADA Advisory Council membership includes a representative from each group. Regional programs, funded through the Division, must have regional representatives of the State Health Coordinating Council on their drug advisory councils. The Alcohol Abuse and Alcoholism State Plan and the Drug State Plan have been approved by the State

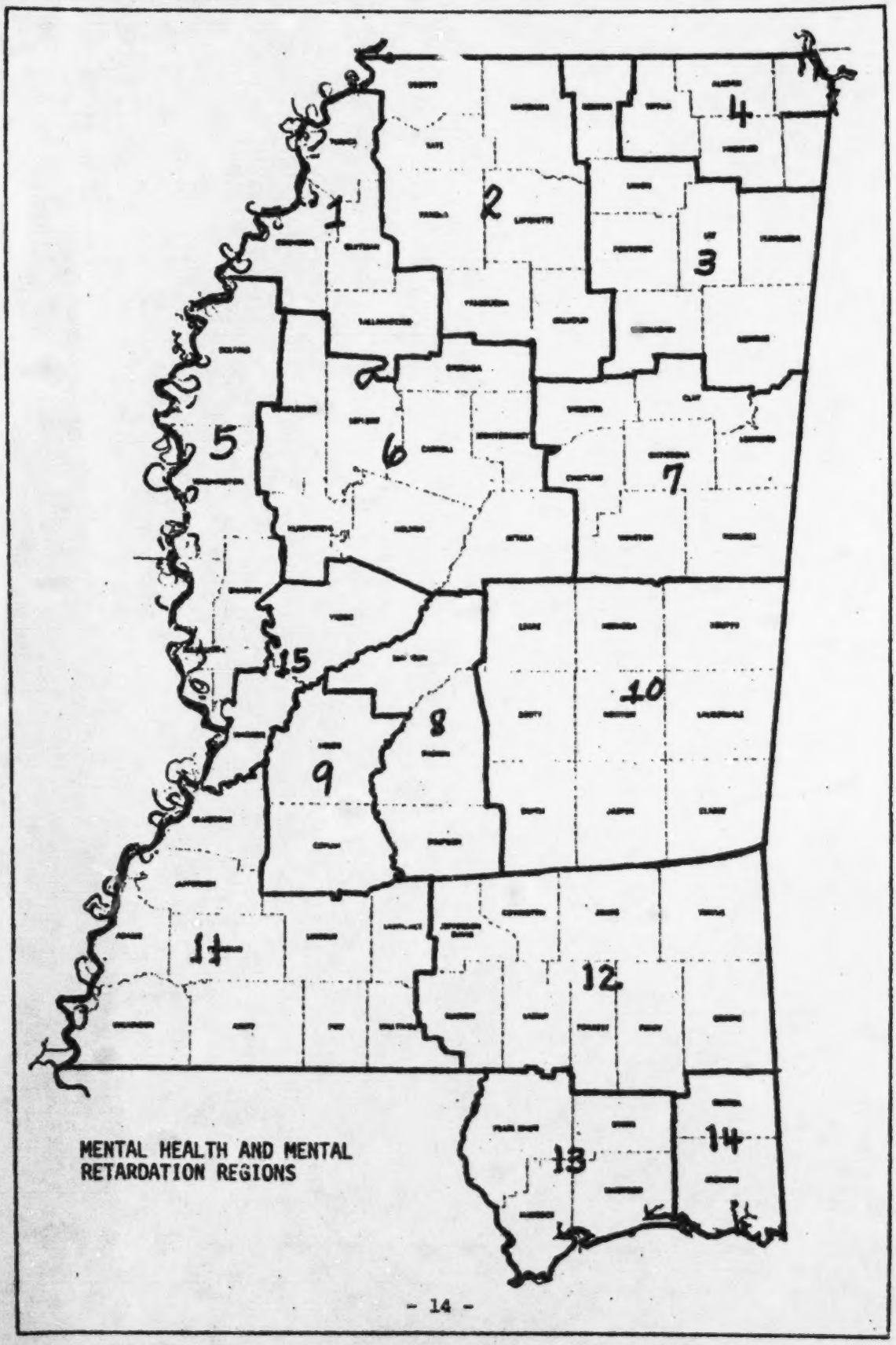
Health Coordinating Council and made a part of the state plan for health services developed by that Council. In addition, the Executive Director o. the Department of Mental Health serves as a nonvoting member of the State Health Coordinating Council, and Doctor Paul Cotten of the Division of Mental Retardation serves on the Project Review Committee for the Mississippi Health Systems Agency. During the development of the "Procedures for SHCC Review of Proposed Uses of Federal Funds in Mississippi," the DADA was able to make review comments and suggestions.

Recent cooperation with HSA between the Data Unit Coordinator and the data coordinator for HSA has led to a requirement that hospital emergency rooms document drug-related episodes. Such information will provide DADA with a drug abuse indicator which it has not had in the past.

The following maps show similarities of the subareas of the Mississippi Health Systems Agency and the mental health/ mental retardation regions.

Health Service Area of the Mississippi Health Systems Agency with ten Subarea Advisory Council Districts





MENTAL HEALTH AND MENTAL
RETARDATION REGIONS

II. ANALYSIS OF NEEDS ASSESSMENT DATA

In preparing the update of statistics and the needs assessment data, an attempt has been made to include additional information that was not included in the FY 79 State Plan and to relate the uses of this data to planning efforts and general evaluation. Furthermore, as indicated elsewhere in this Plan, additional monitoring activities and data reporting are being required of the regional programs, and through the MSAMIS Task Force, output reports are being developed. Additional data can, therefore, be expected in the FY 81 State Plan.

An accurate quantifiable assessment of the extent of drug abuse in Mississippi is virtually impossible due to its covert nature. At best, one must rely with caution on a variety of statistical indicators that form a general estimated view of drug usage patterns from which treatment and prevention strategies can be formulated.

Drug Abuse indicators are those measures widely believed to be related to drug abuse patterns, so that changes in each data set may indicate corresponding changes in actual drug usage, especially when several indicators consistently reflect similar patterns. Drug abuse indicator data regularly collected and analyzed by the DADA include: emergency room data, incidence of serum hepatitis B, arrests for drug offenses, and various treatment data.

Emergency Room Data--While emergency room data is not included in this Plan, the FY 81 State Plan should include

such data. Through cooperative efforts with the Mississippi Health Systems Agency, the DADA has been able to get substance data included in the information collected by the emergency rooms in Mississippi.

Hepatitis Data--There are two types of viral hepatitis: hepatitis A (infectious hepatitis) and hepatitis B (serum hepatitis). Hepatitis B is an illness often associated with the use of unsterile needles in parenteral drug use. An increase in serum hepatitis cases may be indicative of increase parenteral drug usage.

In reviewing the following data on the incidence of serum hepatitis in Mississippi, the reader should bear in mind that: (1) reporting of both types of hepatitis is incomplete and irregular; (2) often a distinction between hepatitis A and hepatitis B is not made on reported hepatitis cases; and (3) that more accurate reporting of hepatitis B in recent years makes comparison of incidence over time difficult.

Figure 1 shows that while the number of reported cases of hepatitis B fluctuates, showing an up-down effect every other year, that the incidence of serum hepatitis has continued to increase since 1974.

Arrest Data--Arrest data as an indicator of the incidence and prevalence of drug abuse is difficult to accurately interpret. Rather than reflecting actual drug usage trends, arrest data is more indicative of law enforcement policies and trends. In describing the arrest data, some of this data has not been

updated since the FY 79 State Plan. The Bureau of Narcotics data are not available for 1978. The agency was flooded by the Pearl River during the Easter '79 Flood" in Jackson. Therefore this data item is currently unavailable, but will be obtained as soon as possible.

Generally, as can be seen in Figure 2, arrests for all drug types increased from 1974 to 1977, with the greatest increases being for heroin, marijuana/hashish, and hallucinogens. Figure 3 shows that the number of cases involving referrals of juveniles to youth courts for drug problems has steadily increased since 1967, when the first case was reported.

Treatment Data--The treatment data presented in this plan are obtained through three sources: (1) CODAP for the three Statewide Services Contract Programs, (2) Mississippi Substance Abuse Management Information System for programs receiving 409 funds from the Division of Alcohol and Drug Abuse, and (3) self-reports by programs providing drug services but not funded by the DADA. The treatment data will be analyzed to show the following: (1) general treatment activities and trends: (2) special population treatment for women, youth, and minorities; and (3) discharge data. As Mississippi is a primarily rural state, the data presented substantially reflects the rural population being treated. On the other hand, no inner-cities exist in Mississippi, and therefore, no need exists in Mississippi to treat inner-city populations.

General Treatment Activities and Trends--1. Opiates--

In focusing on heroin and other opiates, reviewing the admissions since 1974 to the two state hospitals in Mississippi shows very little in regard to valid trends. As seen in Figure 4, heroin admissions, while generally showing an up-down effect, have shown a steady increase, with 1978 showing the highest number of admissions for the five years compared. Admissions for other opiates, on the other hand, have shown a decrease since 1976, with 1978 showing the fewest admissions for the five years compared. Figure 5 shows a comparison of heroin and other opiates for the years 1975 through 1979. Comparing Figures 4 and 5 shows that, since 1976, other opiate admissions to the state hospitals have decreased, but admissions to the SSA-funded programs have increased. One possible explanation for such a trend would relate to the fact that, since 1977, all of the operating mental health regions in Mississippi have received 409 funds to provide drug services, thereby making drug services available in all but three counties. As seen in Figures 4 and 5, both heroin and other opiate admissions have shown steady increases with an 80 percent increase in heroin admissions from 1975 to 1978 and a 45 percent increase in other opiate admissions for the same years.

2. Marijuana/Hashish--As can be seen in Figure 2, marijuana/hashish account for the singe largest drug arrests by the Bureau of Narcotics, with 65 percent of all reported Bureau of Narcotics arrests for 1977 being for marijuana/hashish.

Plans exist at the DADA to assess the impact of the decriminalization of marijuana which occurred on July 1, 1977. The primary sources of data to measure such impact will be arrest data, which is currently unavailable for 1978, year of first use, which shows trends in future years, and treatment admissions. Figure 6 shows the admissions to SSA-funded programs from 1975 through 1978 by drug type.

3. Other Substances--A general overview of all MSAMIS admissions, as seen in Figure 7, shows marijuana/hashish most frequently listed as the primary drug. Alcohol is not shown in this figure, but is the most frequent primary drug, making up 66.6 percent of the 1978 admissions and 66.9 percent of the 1979 admissions. After marijuana/hashish, opiates (including heroin, non-prescription methadone, and other opiates) is the most frequent primary drug at admission. In decreasing order, the next most frequent admissions include barbiturates/sedatives, tranquilizers, and amphetamines. All other drugs combined made up only two percent of the 1978 admissions. Although a slight fluctuation exists, the first quarter of 1979 admission data appears to correlate with the 1978 data.

NIDA, in a recent nationwide survey of drug use, discovered that some eight million Americans have used cocaine. A major increase in cocaine use in high school youth and young adults was also noted. Cocaine as a problem at time of admission has shown a steady increase in Mississippi, being listed as the primary, secondary, or tertiary problem in 108 admissions or

4.2 percent of all admissions in 1978 (Figure 6). However, as the primary drug of abuse, cocaine is infrequently listed, being listed as the primary drug of abuse in only 18 admissions or .7 percent of all 1978 admissions (Figure 7).

In response to the May, 1978, NIDA publication of "Phencyclidine: A Review," the DADA began documenting phencyclidine (PCP) separately from other hallucinogen admissions. The NIDA publication indicated a substantial increase in PCP use from the 1976 National Survey and the 1977 National Survey. With PCP being used legally in veterinary medicine and Mississippi being a primarily rural state, PCP usage in Mississippi could potentially be a substantial problem. Thus far, PCP has been listed as a drug of abuse in six admissions or one percent of the 1979 admissions (Figure 6) and as the primary drug of abuse in three admissions or .5 percent of the 1979 admissions (Figure 7).

4. Polydrug Abuse--Of the 1978 and 1979 admissions, 46 percent are polydrug abusers (Figure 8). The percentage would be much higher except that such a large number of alcohol admissions are not polydrug abusers. The primary substances at admission which most often tend to be associated with polydrug abuse, with 80 percent or more abusing one additional substance and 60 percent or more abusing two or more additional substances, are as follows: methadone, cocaine, amphetamines, hallucinogens, and heroin (Figure 9). The primary substances at admission which least often tend to be associated with

polydrug abuse, with less than 50 percent abusing one additional substance and less than 20 percent abusing two or more additional substances, are as follows: "other" substances and alcohol. Although no conclusions can be made, an interesting situation exists in regard to PCP. Of the 66.6 percent PCP users that use a secondary substance, all of these use a tertiary and/or quaternary substance.

5. Frequency of Drug Use--In assessing information contained in Figure 10 and some of the previous figures, various hypotheses can be made about the substances being abused and the substance abusers. In general 29 percent of all admissions have not used the primary substance during the previous month. This lack of use could be due to lack of availability of the substance, institutionalization of the abusers, and/or attempts by the abuser to be drug free prior to admission.

With 45.9 percent of the heroin admissions having no use 30 days prior to admission (Figure 10) and 80 percent abusing one or more additional substances, an indication is that heroin may generally be difficult to obtain. This factor is further indicated by the low heroin arrests for 1977 (Figure 2).

Methadone has a similar but even more distinct trend. First, the number of methadone admissions is low (Figure 7). Of these methadone admissions, 75 percent show no methadone use 30 days prior to admission (Figure 10). Next, 100 percent of the methadone admissions use one or more additional substances (Figure 9). These indicators, combined with the fact that

Mississippi has no methadone maintenance programs and only three facilities are approved for methadone detoxification would further imply that methadone is probably a scarce item to obtain Illicitly.

In regard to the primary substance abuse admissions for marijuana, some conclusions may be made regarding the abuser. With 42.4 percent of the marijuana/hashish admissions showing two to three times a week or less usage during the 30 days prior to treatment (Figure 10) and 45 percent of the marijuana/hashish admissions not using other substances, hypothesis exists that a large percentage of the marijuana users with low usage and no secondary problems are referrals from the court systems, educational system, or other established referral systems. Others within this group could be persons with non-drug related primary problems but who have presented themselves as having a drug problem. Both situation are common when treating youth.

6. Characteristics of Clients--In general, most of the clients served by MSAMIS reporting programs were white (Figure 11). However, the client population closely correlates to the state population in relation to race. In relation to sex, women make up approximately 20 percent of the admissions, with the non-white female being the most underserved population. In comparison to the National Tables of the 1977 Data from the CODAP, Mississippi programs are also underserving women as compared to the national percentages of 27 percent female. The majority of admissions fall between the ages of 18 and 34

(Figure 12). First time admissions represented 88.1 percent of all admissions (Figure 24). After self-referrals, the two primary referral sources were other health/mental health/substance abuse programs and court/law enforcement, with each representing 22.3 percent of the referral sources.

a. Women--Of the 3,191 MSAMIS cases, 3,167 had sex specified, and 2,153 had race and sex specified (Figure 11). Of the 3,167 with sex specified, 634 were female. Of the 2,153 cases with race and sex specified, 468 were female. Of these females 80 percent were white and 20 percent non-white, again emphasizing that the non-white female is the most underserved population. However, considering all admissions other than alcohol, females compile 31 percent of the total admissions (Figure 11), which is above the national average as reported to CODAP.

Comparison of the admission data indicators to the arrest data indicators shows that females in general are underrepresented in relation to drug abuse. For instance, while 17.5 percent of the admissions were white females and 4.3 percent non-white females (Figure 11), the 1977 Bureau of Narcotics Arrests were 10.5 percent white female and 4.5 percent non-white female. The conclusion being made is not that females are not involved in drug abuse, but that females do not appear in the traditional drug abuse indicators. Therefore, establishing referral sources for women also becomes more difficult.

Figure 13 shows that the single largest primary drug type for female admissions, as with all admissions (Figure 7),

is alcohol. After alcohol, marijuana is the second most frequent primary drug type. The percentage of females using heroin and and other opiates, barbitu tes/sedatives, and tranquilizers tneds to be higher than in the general admission population.

In regard to marital status (Figure 14), the percentage of single women in treatment correlates closely with the general population. The percent of married women in treatment underrepresents the general population, but not significantly. Also, the percent married in the general population can be expected to drop since the 1970 census. The most underserved group appears to be widowed women. Divorced women are the most overrepresented group in treatment, with separated women being the next group, possibly establishing a need for divorce adjustment or similar service as an adjunct to treatment.

In regard to age, the female admissions tended to be younger with 46.5 percent of all female admissions being age 24 or less (Figure 16). This trend is especially noted in the white females. The black females tended to be older, with the largest single grouping being in the 25-34 group.

b. Youth--Of the admissions to MSAMIS reporting programs, 6.4 percent were age 17 or below and 32.7 percent were age 24 or below (Figure 12). Adjusting the age groups to correlate with the age groupings in the NIDA 1977 Statistical Surveys, approximately 10.2 percent of the admissions in Mississippi were age 18 or below, as compared to 10.4 percent nationally; and

approximately 35.6 percent admissions in Mississippi were age 25 or below, as compared to 50 percent nationally.

The largest single primary drug for the 0-17 age group is marijuana, with alcohol being the next (Figure 15). The 0-17 age group had no usage for methadone, over-the-counter, and cocaine. The largest single primary drug for the 18-24 age group is alcohol, with marijuana/hashish being next. The 18-24 age group tends to use the widest variety of substances, with all drug classifications having a primary admission in the 18-24 age group. The fewest 18-24 year old admissions were for methadone, over-the-counter, and "other" drugs. Although some of the following drugs compiled small percentages of the admissions for the age 24 or below group, the age 24 or below group made up at least 50 percent of the admissions for the following drugs: methadone (50 percent by the 18-24 group); other opiates (4.9 percent by the 0-17 group and 49 percent by the 18-24 group); amphetamines (13.8 percent by the 0-17 group and 51.3 percent by the 18-24 group); inhalants (55.5 percent by the 0-17 group and 44.5 percent by the 18-24 group); over-the-counter (75 percent by the 18-24 group); cocaine (61.1 percent by the 18-24 group); marijuana/hashish (25 percent by the 0-17 group and 45.8 percent by the 18-24 group); and hallucinogens (11.1 percent by the 0-17 group and 72.2 percent by the 18-24 group) (Figure 15).

Of the 0-17 group, 84.8 percent were white, 63.2 percent were male, 51.5 percent were white males, 33.3 percent were white females, 11.7 were non-white males, and 3.5 percent

were non-white females. Of the 18-24 group, 67.7 percent were white, 78.2 percent were male, 49.4 percent were white males, 18.3 percent were white females, 28.8 percent were non-white males, and 3.5 percent were non-white females (Figure 16). Comparing the percentages for the 0-17 age group (Figure 16) with the general treatment population (Figure 11), the youth treatment population, as is the general treatment population, is predominantly white and predominantly male. This trend is especially emphasized in the 0-17 year old group for race. However, the female admissions do appear more frequently in the younger age groupings.

Comparing the admission data (Figure 16) with the youth court referral data for drug violations (Figure 17) shows a similar correlation. Again, females appear low in the arrest data indicator, with 17.1 percent of the arrests being white females and 1.7 percent being black females. Comparing these two indicators, the MSAMIS programs are overrepresented by females and minorities for the 0-17 age group. Again, the implication is not being made that a problem does not exist in this population, but instead that this population appears low in all available indicators. Therefore, this population is not accessible through many of the traditional referral sources.

c. Minorities--The single largest minority in Mississippi is the black population, with the 1970 census showing the following percentages: 36.8 percent black, 0.2 percent Indian, and

0.2 percent for all others. With migration of many blacks to northern states, the 1975 U.S. Bureau of the Census estimates the total population to be 36.2 percent non-white.

The MSAMIS data is deficient in regard to reflecting race at admissions (Figure 11). The deficiency relates primarily to alcohol admissions because the NAPIS contact forms used by NIAAA do not specify race. Therefore, race data is unavailable for four NIAAA programs, including the Choctaw Indian Program. However, of those with race specified, 32.3 percent are non-white, compared to 36.2 percent of the general population. Therefore, the treatment population correlates closely with the general population in regard to race. Minorities are well represented in treatment admissions (Figure 11) if this indicator is compared to the drug arrest indicator (Figure 18) in which non-whites comprise 15 percent of those arrested by the Bureau of Narcotics in 1977. However, non-whites are substantially overrepresented in the reported cases of hepatitis B (Figure 24). This overrepresentation may be misleading. As previously indicated, the accuracy of the hepatitis B is questionable because not all cases are being reported. Due to the stigma of hepatitis B, the persons treating the cases may not accurately report the incidence of hepatitis for whites.

Of the non-whites admitted to MSAMIS programa in 1978 and through March, 1979, the smallest population was the 0-17 age group; and the largest population is the 18-24 age group (Figures 16 and 19). Therefore, some trends exist in that the minority

population is not admitted as early as the white population. For example, of the non-white admissions, 5.7 percent were between the agest of 0-17, hite 12.9 percent of the white admissions were 0-17. Also as mentioned, 84.8 percent of the 0-17 admissions were white. However, this indicator correlates closely with the youth court referral indicator, with 18.8 percent of the youth court referrals being non-white for 1977.

In general, the black and white admissions closely correlate on primary drug type at admission (Figure 20). The percentage using heroin, alcohol, and cocaine as the primary drug was slightly higher for blacks than whites. For all other drug types, the percentage of admissions was slightly lower for blacks than for whites.

d. Program Client Characteristics--Much more extensive information is now being obtained about the individual programs by MSAMIS. Such information is in the early phases of being used to measure program productivity and to assess client populations. This capability will allow DADA to determine which regions are adequately or overserving special populations. Comparing this information with other available data will allow the Division to analyze what types of programs, services, staffing patterns, etc., prove effective with these special populations. Using the analysis, DADA will be more capable of addressing the needs of the special populations and able to provide more effective planning in this regard.

Figure 21 is a description of the individual programs by primary drug type for 1978 and through March, 1979, admissions. The Parchman Penitentiary Alcohol and Drug Program had 42 percent of all heroin admissions, with 6 percent of the Parchman admissions being for heroin. Other than Parchman, the Statewide Services Subcontract programs were the most successful in getting heroin admissions. With 5.8 percent of its admissions being for heroin, Region IX had 20.5 percent of the heroin admissions. Region XIV had 12.5 percent of the heroin admissions, with 2.7 percent of its admissions being for heroin. While only 6.8 percent of the heroin admissions were to OIC HUT, 25 percent of the OIC admissions were for heroin.

Region XIV had 60 percent of the methadone admissions and 34 percent of the other opiate admissions. Parchman had 18.2 percent of the alcohol admissions, and Region XIV, which has a NIAAA grant, had 9.6 percent of the alcohol admissions. After Parchman, Regions XIV and IX have the largest percentage of barbiturate/sedative and amphetamine admissions. Region IV, with 1.4 percent of its admissions being for inhalants, had 30 percent of the inhalant admissions. With 1 percent of its admissions being for over-the-counter drugs, Region VI had 40 percent of the over-the-counter drug admissions. Parchman with 47.8 percent, Region IX with 21.7 percent, and Region XIV with 13 percent, had 82.5 percent of the cocaine admissions. Region IX had 21.2 percent of all marijuana/hashish admissions. Region XIV had 34.8 percent of the hallucinogens admissions.

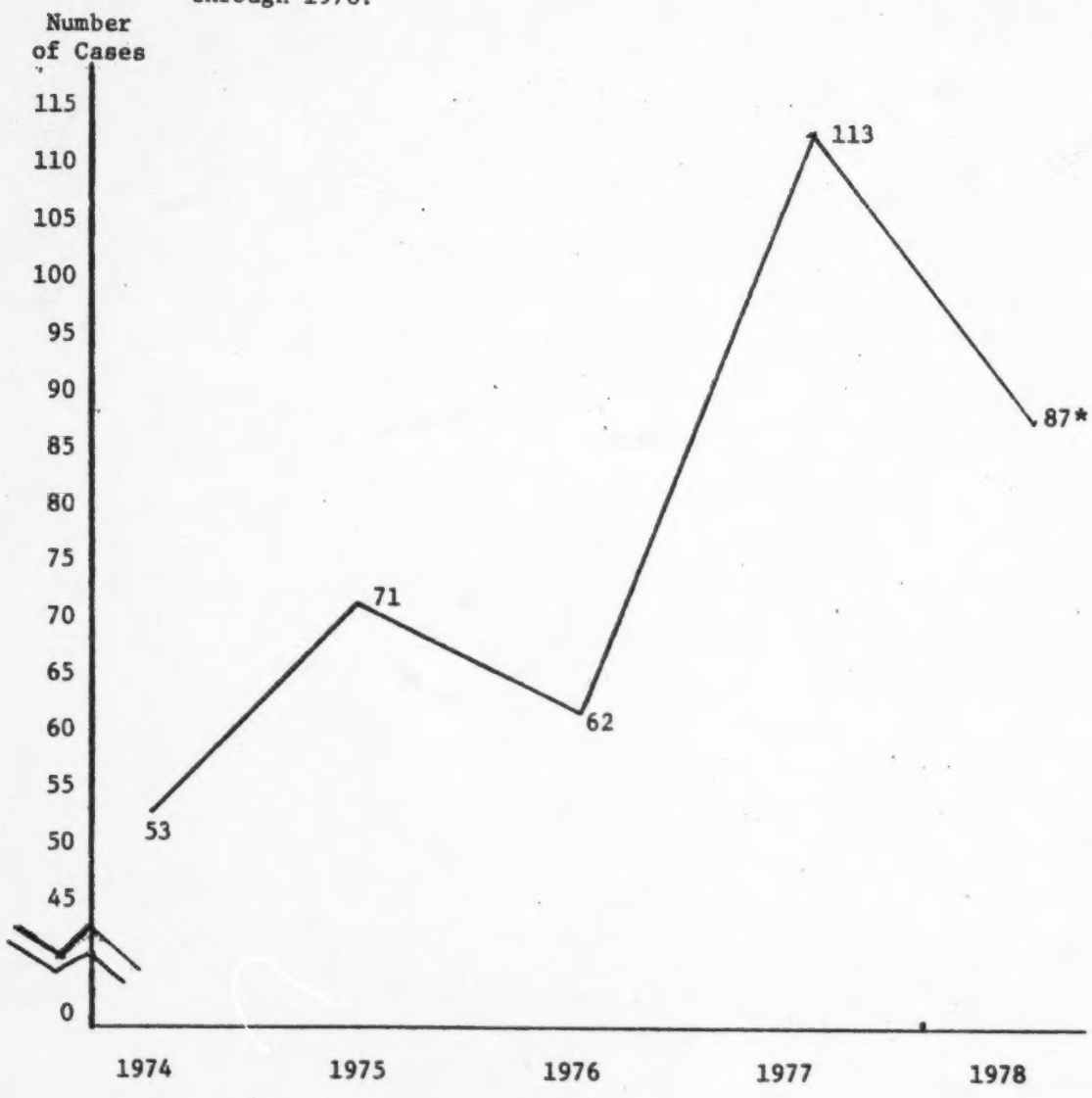
Region VI had 31.3 percent of the "other" drug admissions. Of the three PCP admissions for 1979, two were admitted at Parchman and one at Region XV.

As with the data for the overall state, the highest percentage of cases for each program except the Parchman Alcohol and Drug Program and the OIC HUT are white (Figure 22). However, in most programs, the treatment population closely correlates with the general population. In all but three programs, the largest single population was the white male. In these three, the non-white males were the largest single population. Non-white females were below the actual population in every program.

7. Discharge Data--The single greatest reason for discharge was for client dropping out of treatment (Figure 23), with 51.2 percent being discharged for this reason. Completing treatment is the next highest percentage of the discharges, with 23 percent completing treatment or 15.4 completing with no drug use and 7.6 percent completing with some drug use.

Comparing age groups by reason for discharge (Figure 27) shows that the 0-17 age group is the most likely age group to drop out of treatment, with 59.6 percent of the 0-17 age group dropping out. However, except for the over 45 age group, the 0-17 age group is the least likely to be discharged for non-compliance of program rules.

Figure 1: Cases of Hepatitis B Reported to the State Board of Health from 1974 through 1978.



* Based on early tabulations. As the final 1978 reports are submitted, the total may increase.

FIGURE 2: STATE BUREAU OF NARCOTICS
REPORTED ARRESTS BY TYPE OF DRUG COUNT

YEAR OF ARREST:	1974	1975	1976	1977
TYPE OF DRUG				
Heroin	17	126	404	27
Other Opiates	23	43	68	45
Marijuana/Hashish	718	879	611	608
Stimulants	68	88	69	64
Depressants	39	67	69	70
Cocaine	7	48	69	46
Hallucinogens	26	123	55	66
Other Drugs	114	-0-	-0-	-0-
TOTAL	1,012	1,374	1,345	926

Source: Mississippi State Bureau of Narcotics Annual Reports for 1974, 1975, 1976, and 1977.

Figure 3: Cases Involving Referral of Juveniles* To Youth Courts for Drug Problems

Year	Number Reported
1977	720
1976	701
1975	547
1974	582
1973	379
1972	304
1971	111
1970	64
1969	34
1968	22
1967	21
1966	0
1965	0

* Most youth court cases involved minors from 14 through 17 years of age.

Figure 4: Mississippi State Hospital Admissions for Opium, Opium Alkaloids and their derivatives, and synthetic analgesics with morphine-like effects.

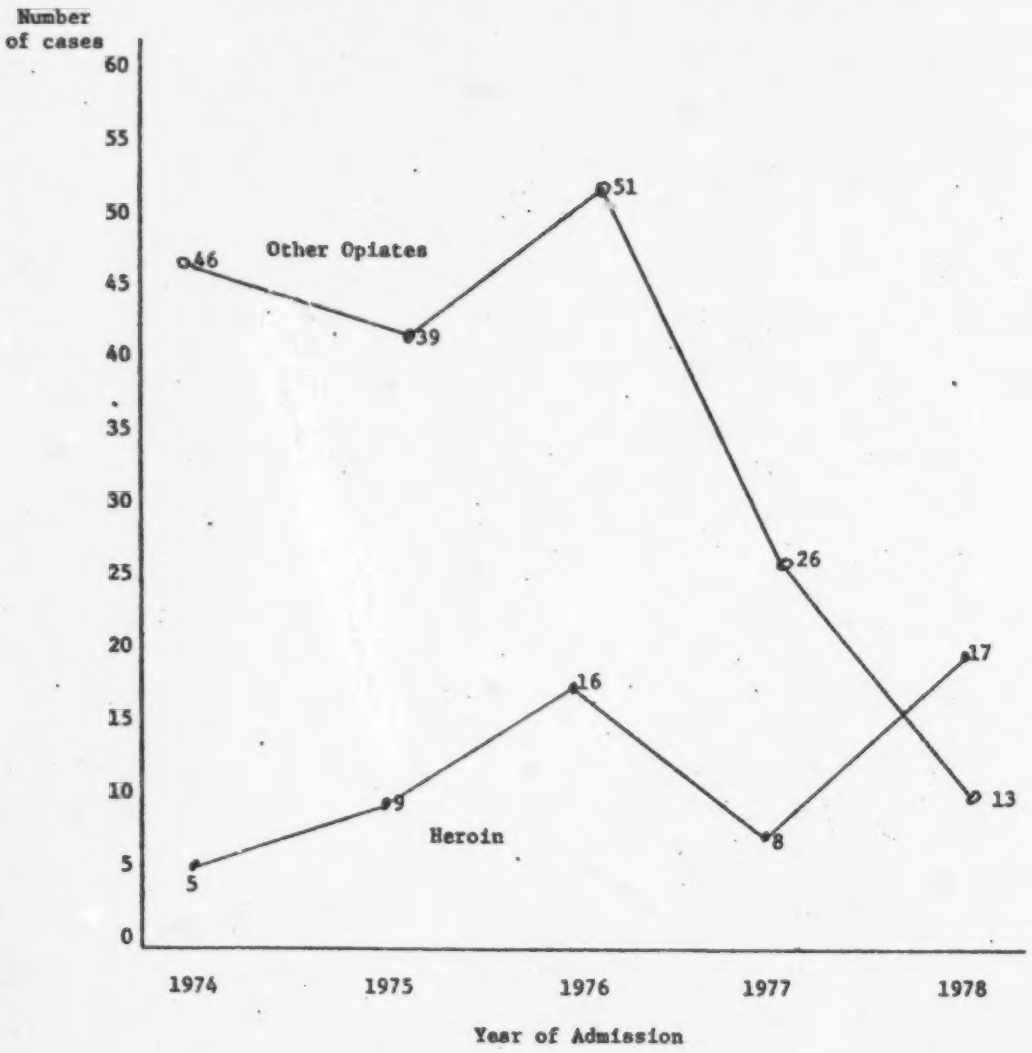
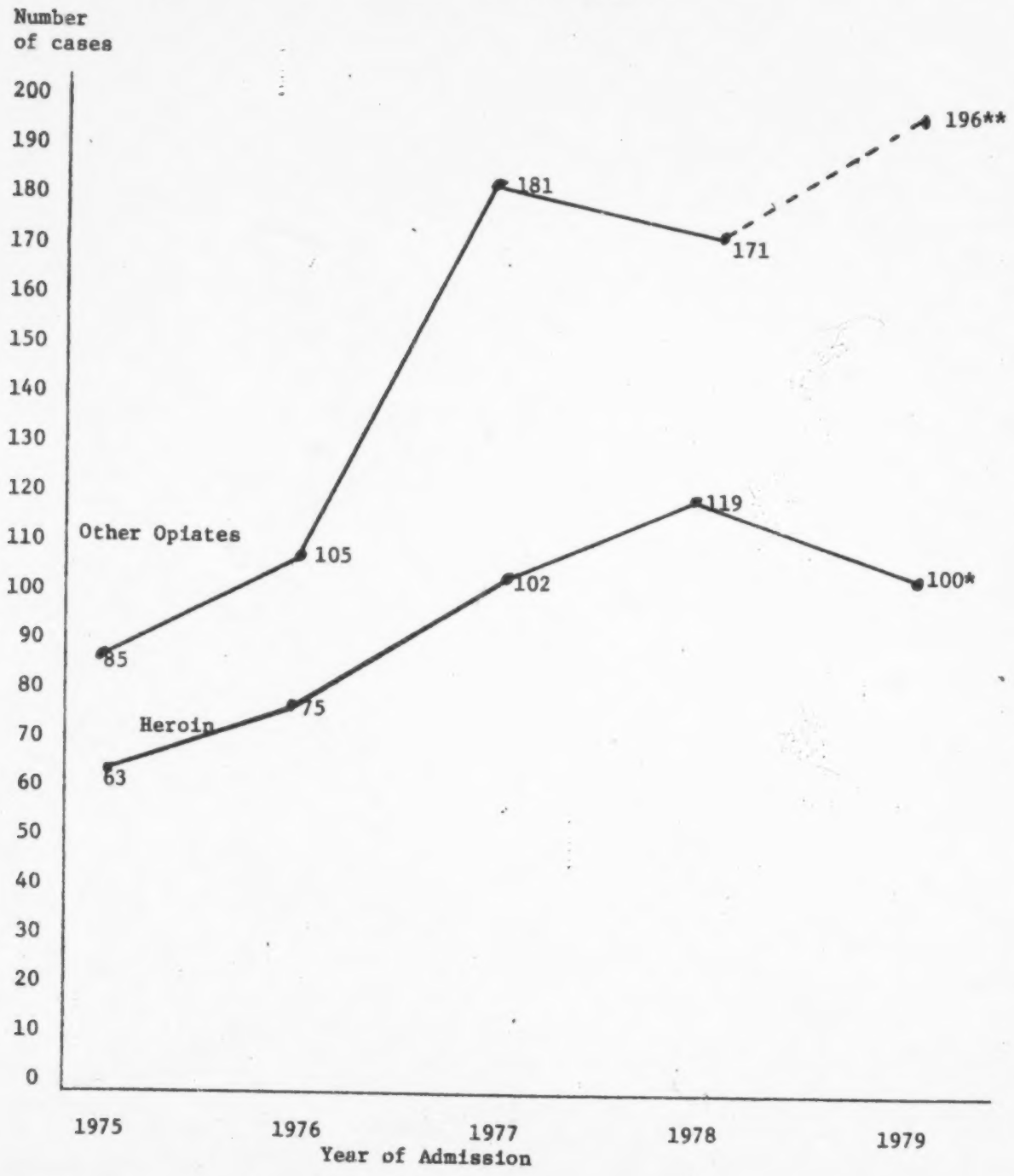


Figure 5: SSA Funded Regional Grant and State Contract Drug Treatment Admissions, combining Primary, Secondary, Tertiary, and Quaternary Drug Mentions from February 1975, through March 1978. (Note: some clients had problems with both heroin and other opiates, hence some clients are counted for both drugs.)



*Based on projection from 25 admissions during the first quarter of 1979

**Based on projection from 49 admissions during the first quarter of 1979

Figure 6: Combined Primary, Secondary, and Tertiary Problem Mentions in Admissions to Single State Agency Funded Regional Grant and Drug Treatment Programs, from February, 1975, through March, 1978. (Note: Some clients had more than one drug problem, so that the total mentions is greater than the total number of clients.)***

	Year of Admission					
	1975	1976	1977	1978	1979*	1979**
Heroin	63	75	102	116	25	100
Illegal methadone	1	0	10	6	1	4
Other Opiates	85	105	181	171	49	196
Alcohol	106	202	852	2,647	478	1,912
Barbiturates/Sedatives	239	287	311	335	75	300
Amphetamines	128	133	174	261	61	244
Cocaine	22	22	54	108	37	148
Marijuana/Hashish	319	383	447	723	180	720
Hallucinogens	105	70	54	98	23	92
Inhalants	16	20	11	15	1	4
Over-the-counter	8	11	18	17	2	8
Tranquilizers	3	3	170	200	55	220
PCP***	-	-	-	-	6	24
Other	31	27	72	36	7	28

*Through March

**Estimate for year

***Not controlled for prior to 1979

Figure 7: Admissions to NSAMIS Reporting Programs by Primary Drug Type (other than alcohol) for January 1978, through March 1979.

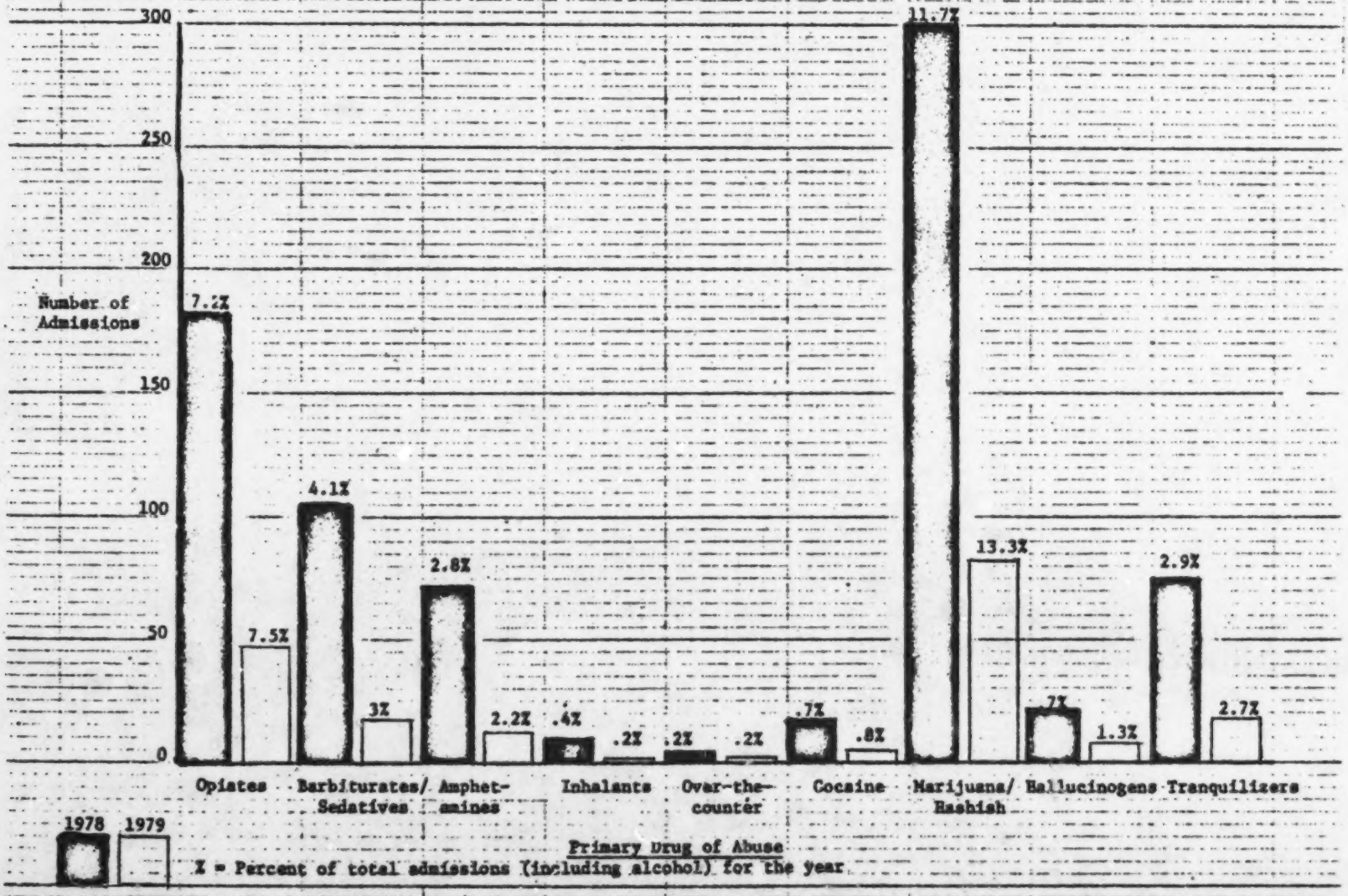


Figure 8: Primary and Other Drug Problems in Single State Agency Funded Drug Treatment Program Admissions, 1978 and through March 1979.*

Primary Drug Problem	Other Drug Problems: None	Heroin	Illegal Methadone	Other Opiates	Alcohol	Barbiturates/Sedatives	Amphetamines	Cocaine	Marijuana/Hashish	Hallucinogens	Inhalants	Over-the-counter	Tranquilizers	PCP	Other Drugs	
Heroin	18	-	-	28	15	24	15	14	21	2	-	-	5	--	1	N=88
Illegal methadone	-	--	-	3	1	2	-	-	-	-	-	-	-	-	-	N=5
Other Opiates	30	17	-	-	20	50	25	22	36	6	1	-	15	1	-	N=136
Alcohol	1,416	10	1	12	-	48	49	22	189	8	1	5	36	2	5	N=2,123
Barbiturates/Sedatives	31	3	-	17	28	-	31	9	31	4	-	-	23	-	4	N=124
Amphetamines	8	4	-	15	20	19	-	14	42	12	2	-	10	-	1	N=86
Cocaine	1	4	-	4	6	3	4	-	14	2	-	-	-	-	-	N=23
Marijuana/Hashish	172	6	-	6	132	53	43	15	-	27	2	1	39	1	2	N=382
Hallucinogens	4	1	-	4	5	2	5	-	17	-	-	-	-	-	-	N=23
Inhalants	5	1	-	-	1	-	1	-	5	-	-	-	-	-	-	N=10
Over-the-counter	2	-	-	-	3	-	-	-	1	-	-	-	-	-	-	N=5
Tranquilizers	27	-	-	6	34	11	12	-	20	1	-	2	-	-	10	N=92
PCP	1	-	-	-	1	1	-	-	1	1	-	-	-	-	-	N=3
Other Drugs	11	-	-	-	2	1	-	-	1	-	-	-	2	-	1	N=16

*Note: This table combines data on up to four drug problems for client admissions, and hence totals the number of problems rather than the number of clients.

Figure 9: Admissions to MSAMIS Reporting Programs Showing Percentages with Secondary and Tertiary Drug Problems by Primary Drug Type for January 1978 through March 1979.

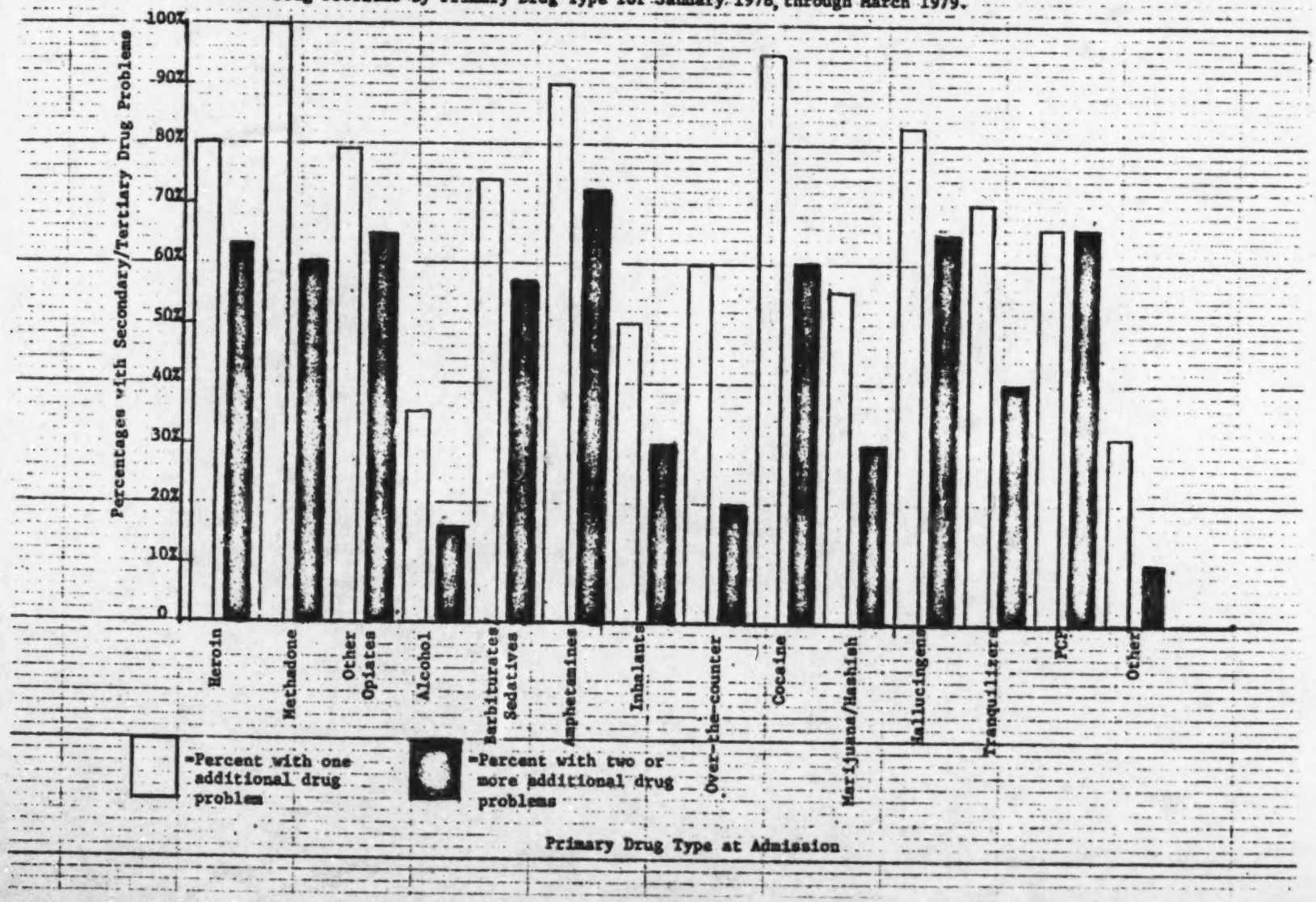


Figure 10: Frequency of Use by Primary Substance for 1978 Admissions to MSAMIS Reporting Programs

Primary Substance	Frequency of Use 30 Days Prior to Admission							
	No Use	Once a Month	Once a Week	2-3 Times a week	3+ Times a week	Once Daily	2-3 Times a day	3+ Times a day
Heroin N=74	45.9%	0%	4.1%	10.8%	4.1%	5.4%	13.5%	16.2%
Non-Rx Methadone N=4	75.0%	0%	0%	0%	0%	0%	0%	25.0%
Other Opiates N=104	23.1%	1.9%	4.8%	12.5%	4.8%	8.7%	13.5%	30.8%
Alcohol N=1,704	32.0%	2.9%	5.2%	15.2%	10.5%	9.8%	10.0%	14.4%
Barbiturates/Sedatives N=105	20.0%	4.8%	6.7%	12.4%	7.6%	18.1%	18.1%	12.4%
Amphetamines N=72	19.4%	5.6%	11.1%	11.1%	9.7%	5.6%	15.3%	22.2%
Inhalants N=9	0%	0%	33.3%	33.3%	11.1%	0%	11.1%	0%
Over-the-counter N=4	0%	25.0%	25.0%	25.0%	0%	0%	25.0%	0%
Cocaine N=18	38.9%	5.6%	0%	16.7%	0%	5.6%	11.1%	22.2%
Marijuana/Hashish N=299	7.7%	4.0%	9.0%	21.7%	11.0%	14.7%	18.4%	13.4%
Hallucinogens N=18	27.8%	22.2%	5.6%	22.2%	5.6%	11.1%	0%	0%
Tranquilizers	9.3%	12.0%	9.3%	13.3%	9.3%	6.7%	20.0%	20.0%
Other N=11	9.1%	0%	18.2%	0%	18.2%	9.1%	9.1%	36.4%

Figure 11. Comparison of January 1978 through March 1979, Admissions to MSAMIS-Reporting Programs to the General Population for Race, Sex, and Race and Sex

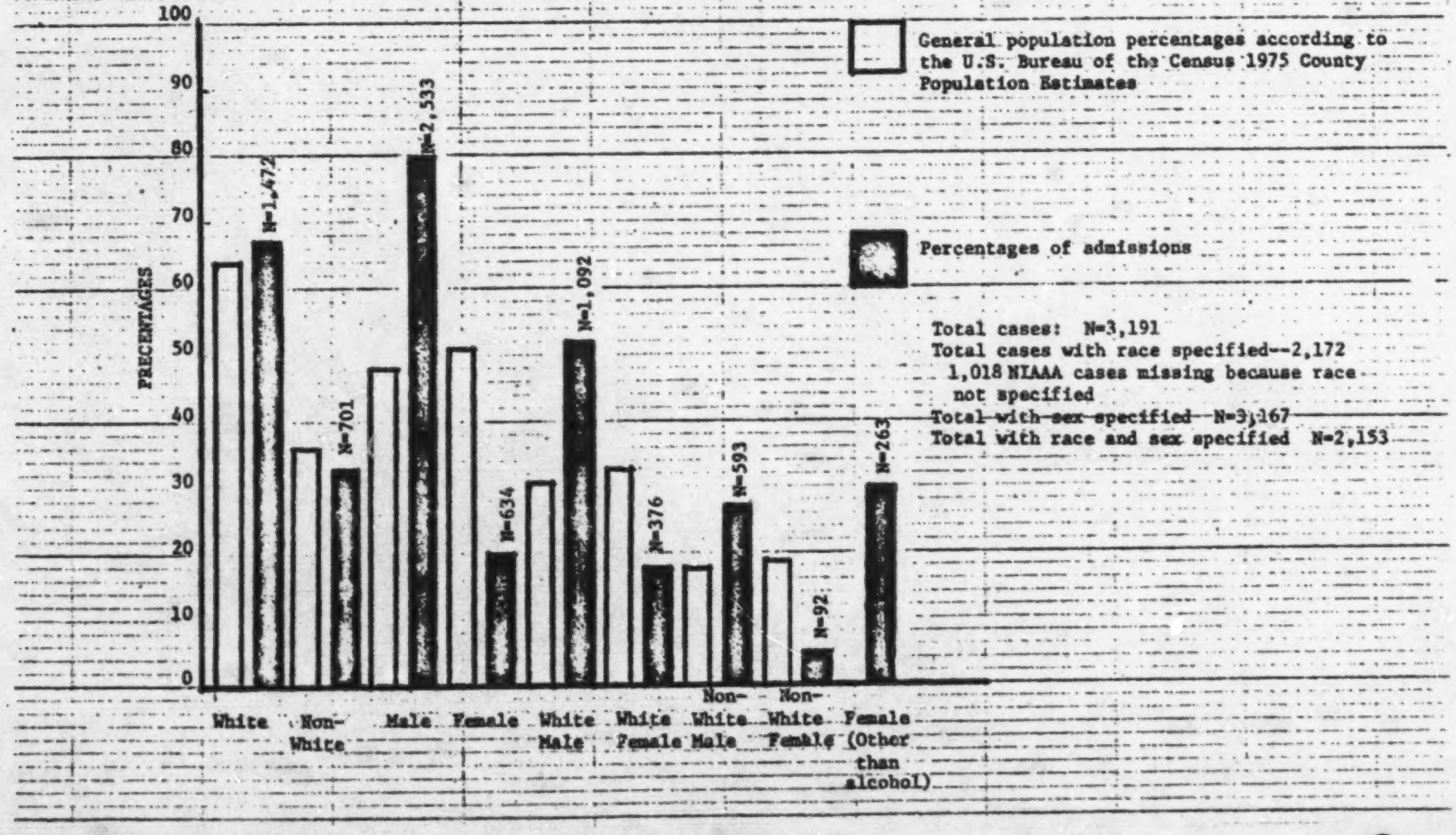


Figure 12. Age Groups for January 1978, through March 1979, Admissions to MSAMIS Reporting Programs

	Age Group				
	0-17	18-24	25-34	35-44	45+
Number of Admissions	164	675	737	441	548
Percent of total admissions with age specified	6.4	26.3	28.7	17.2	21.4

Total cases with age specified N=2,565
Total cases without age specified N=626

Figure 13. Primary Substance Type for Female for 1978 Admissions to MSAMIS Reporting Programs

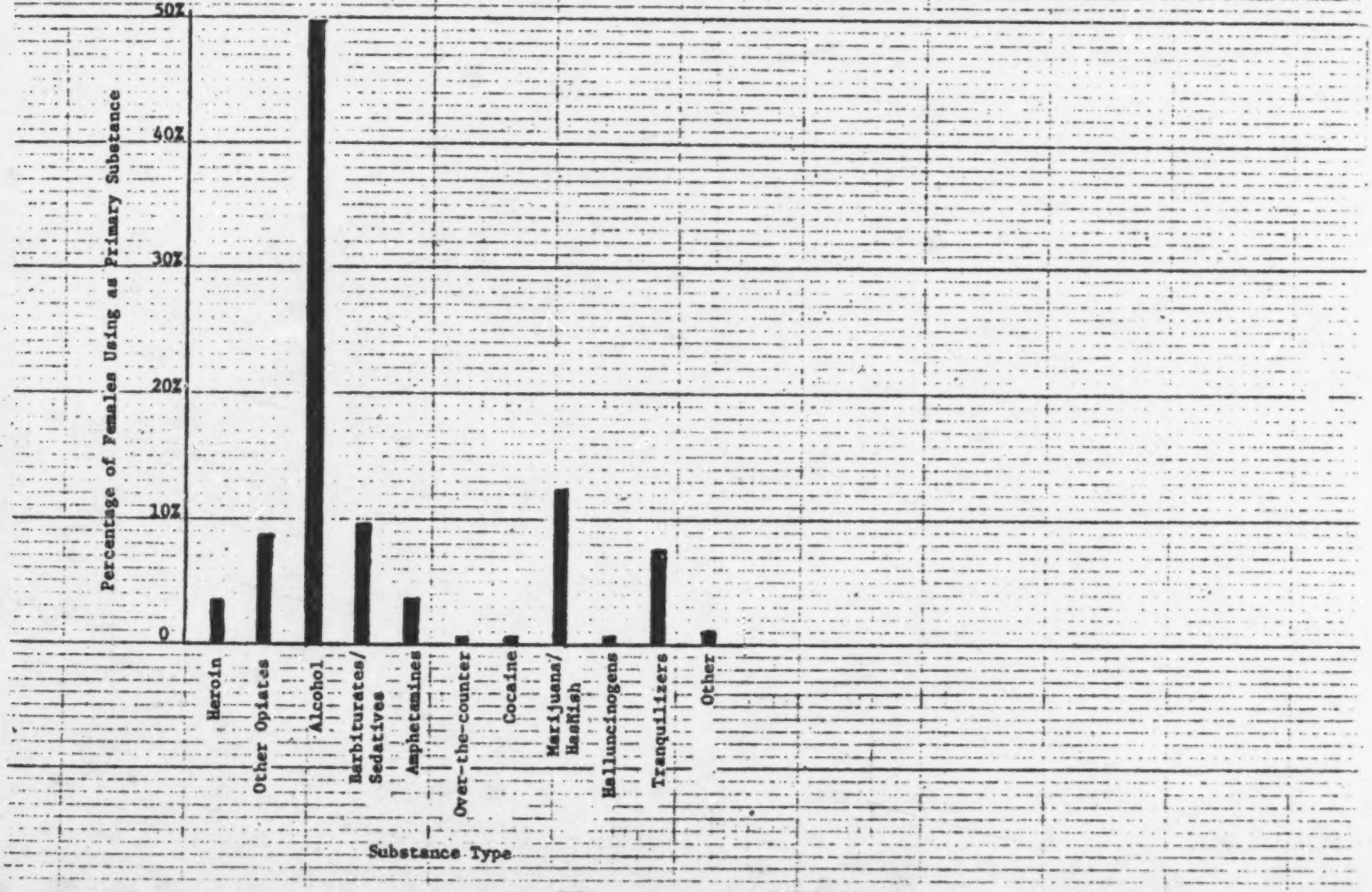
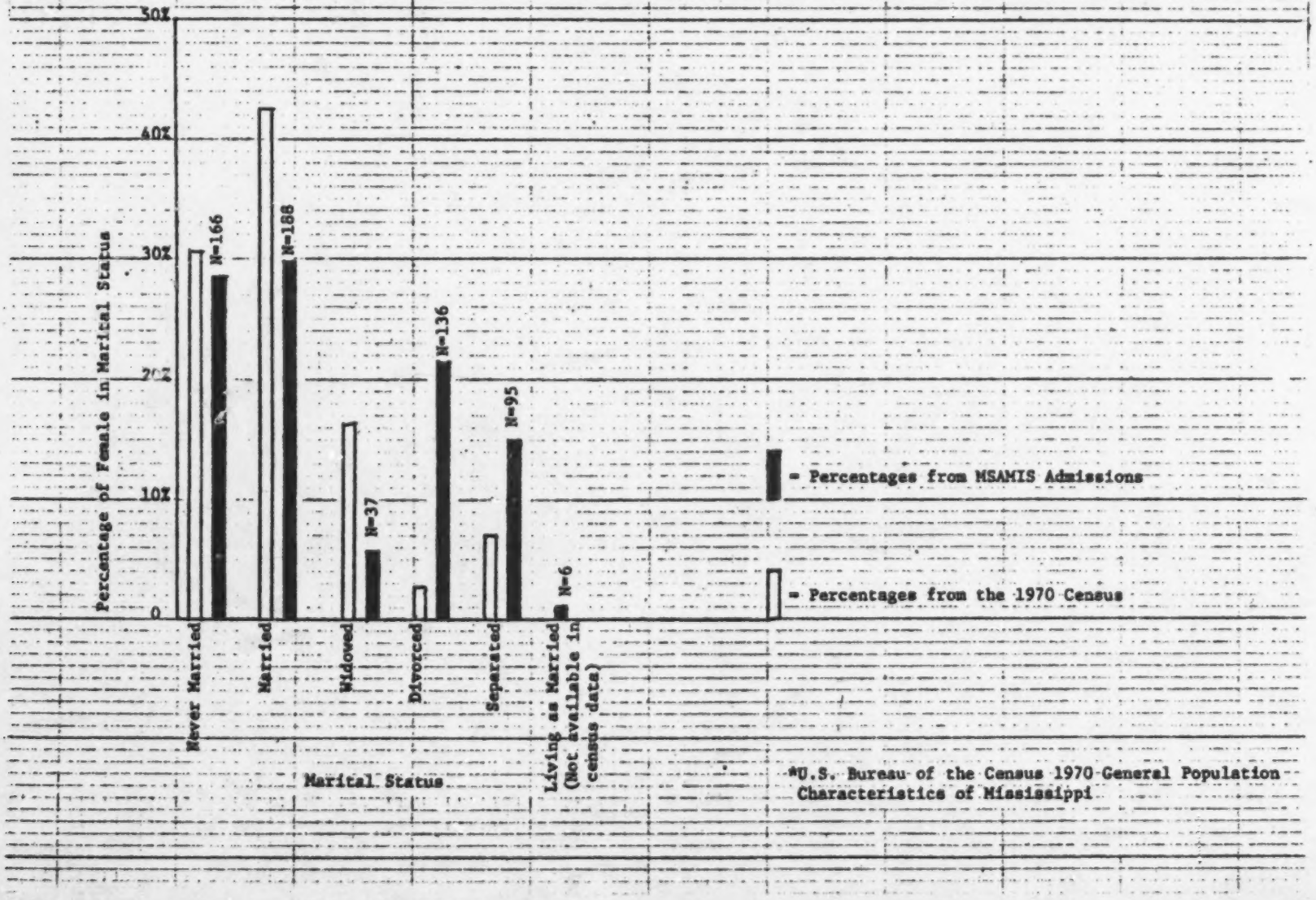


Figure 14: Marital Status of Females Admitted to MSAMIS Reporting Programs from January 1978, through March 1979, Compared to General Female Population*



*U.S. Bureau of the Census 1970 General Population Characteristics of Mississippi

Figure 15. Comparison of Primary Drug Type by Age Group for January 1978, through March 1979, Admissions to MSAMIS Reporting Programs

Primary Drug Type	Age Group 0-17	18-24	25-34	35-44	45+
Heroin	1.2% N=2	4.2% N=28	5.8% N=43	.2% N=1	- -
Non-Rx Methadone	- -	.3% N=2	.1% N=1	- -	.2% N=1
Other Opiates	3.1% N=5	7.9% N=53	4.5% N=33	1.8% N=8	.9% N=5
Alcohol	27.0% N=44	45.0% N=302	62.8% N=463	90.5% N=399	90.5% N=496
Barbiturates/ Sedatives	1.8% N=3	6.6% N=44	5.0% N=37	1.1% N=5	2.9% N=16
Amphetamines	6.1% N=10	5.5% N=37	2.8% N=21	.5% N=2	.4% N=2
Inhalants	3.1% N=5	.6% N=4	- -	- -	- -
Over-the-counter	- -	.4% N=3	.1% N=1	- -	- -
Cocaine	- -	1.6% N=11	.9% N=7	- -	- -
Marijuana/Hashish	46.0% N=75	20.4% N=137	10.4% N=77	1.4% N=6	.7% N=4
Hallucinogens	1.2% N=2	1.9% N=13	.4% N=3	- -	- -
Tranquilizers	6.7% N=11	3.3% N=22	2.7% N=20	2.7% N=12	1.8% N=10
Other	.6% N=1	.4% N=3	.8% N=6	- -	- -

Figure 16. Race and Sex Comparisons by Age for Admissions for January 1978, through March 1979, to MSAMIS Reporting Programs

RACESEX

AGE1	COUNT / ROW PCT / COL PCT / TOT PCT	WHITE MALE 1.	WHITE FEMALE 2.	NON-WHITE MALE 3.	NON-WHITE FEMALE 4.	ROW TOTAL
0-17	1.	251	162	57	17	487
		51.5	33.3	11.7	3.5	10.8
		11.4	16.3	5.2	8.6	
		5.6	3.6	1.3	0.4	
18-24	2.	803	297	467	57	1624
		49.4	18.3	28.8	3.5	36.1
		36.4	29.9	42.3	28.9	
		17.9	6.6	10.4	1.3	
25-34	3.	533	210	334	63	1140
		46.8	18.4	29.3	5.5	25.4
		24.2	21.2	30.3	32.0	
		11.9	4.7	7.4	1.4	
35-44	4.	258	156	129	37	580
		44.5	26.9	22.2	6.4	12.9
		11.7	15.7	11.7	18.8	
		5.7	3.5	2.9	0.8	
45-98	5.	360	167	116	23	666
		54.1	25.1	17.4	3.5	14.8
		16.3	16.8	10.5	11.7	
		8.0	3.7	2.6	0.5	
	COLUMN TOTAL	2205	992	1103	197	4497
		49.0	22.1	24.5	4.4	100.0

NUMBER OF MISSING OBSERVATIONS = 1415 (Due to race not being specified on the NAPIS forms by NIAAA Programs)

'IGURE 17: YOUTH COURT REFERRALS FOR DRUG VIOLATIONS

'ACE/SEX	1974	1975	1976	1977	
'hite Male	399	382	474	467	64.8%
lack Male	42	63	123	133	18.5%
'hite Female	122	88	99	108	15.0%
lack Female	7	11	15	12	1.7%
'OTAL	570	544	711	720	

Source: Department of Welfare, Youth Court Statistics Report for 1974, 1975, 1976, and 1977.

FIGURE 18: STATE BUREAU OF NARCOTICS REPORTED ARRESTS BY RACE AND SEX

RACE/SEX	1974	1975	1976	1977	
				N	%
White Male	483	442	272	296	63.4
Black Male	114	128	121	101	21.6
White Female	78	51	42	49	10.5
Black Female	9	5	12	21	4.5
Other Male	1	1	1	0	
Other Female	0	0	0	0	
TOTAL	685	627	448	467	

Source: Mississippi State Bureau of Narcotics Annual Reports for 1974, 1975, 1976, and 1977

Figure 19. Percentages of Minority Population by Age Group for Admissions to MSAMIS Reporting Programs for January 1978, through March 1979.

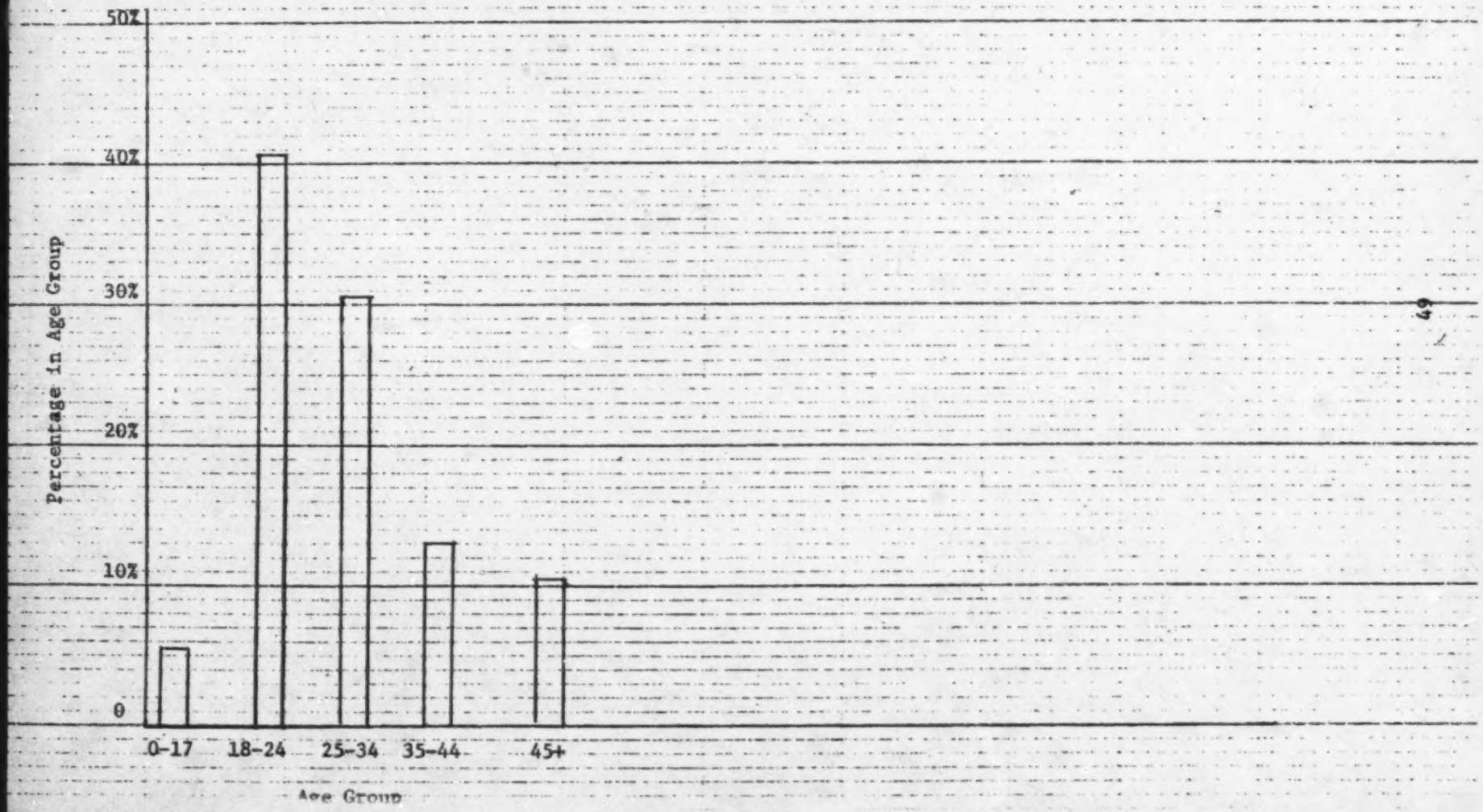


Figure 20. Comparison of Primary Drug Type by Race for Admissions to MSAMIS Reporting Programs from January 1978, through March 1979.

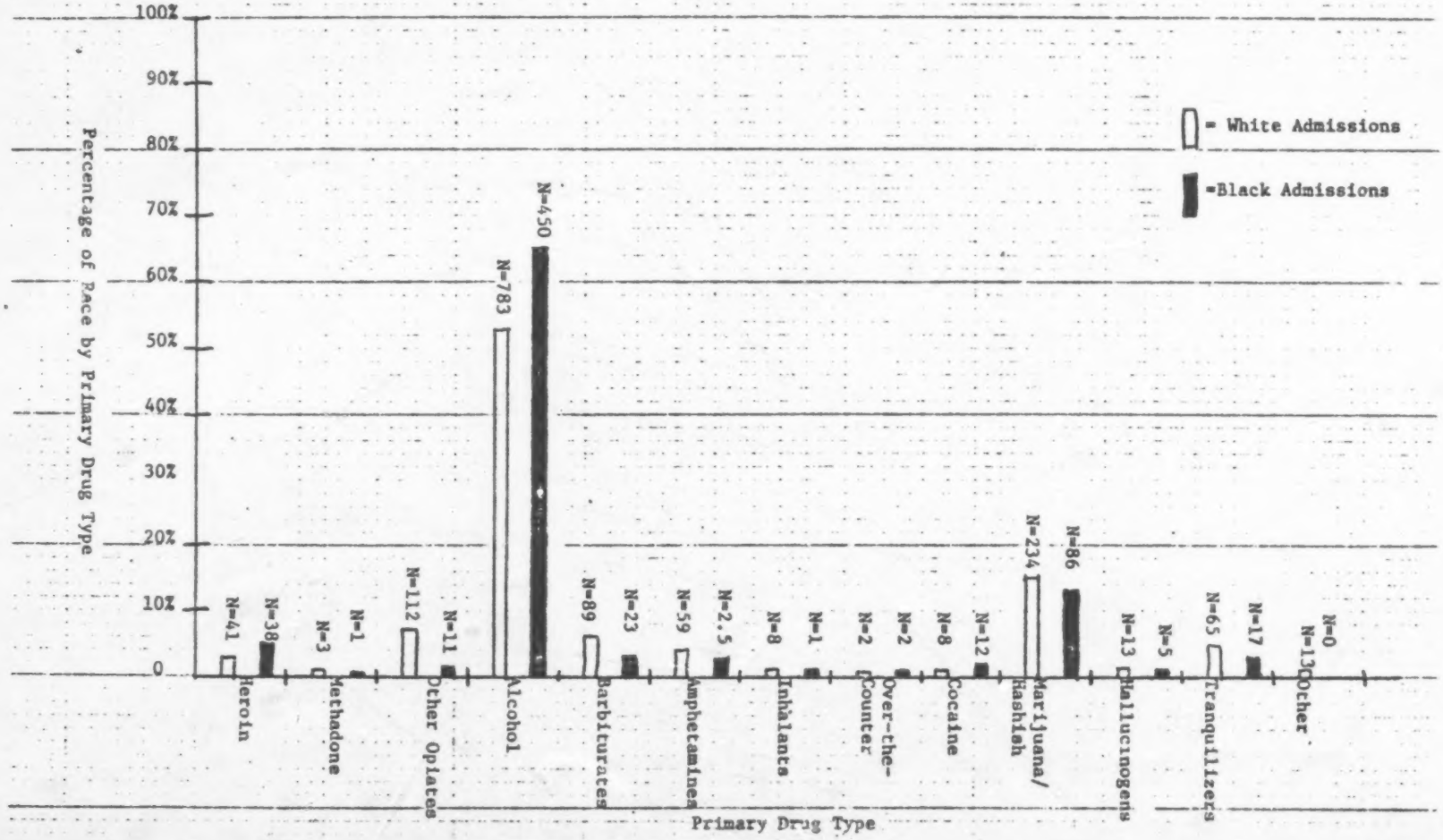


Figure 21. Primary Drug Type by Program for Admissions to MSAMIS Reporting Programs for January 1976, through March 1979

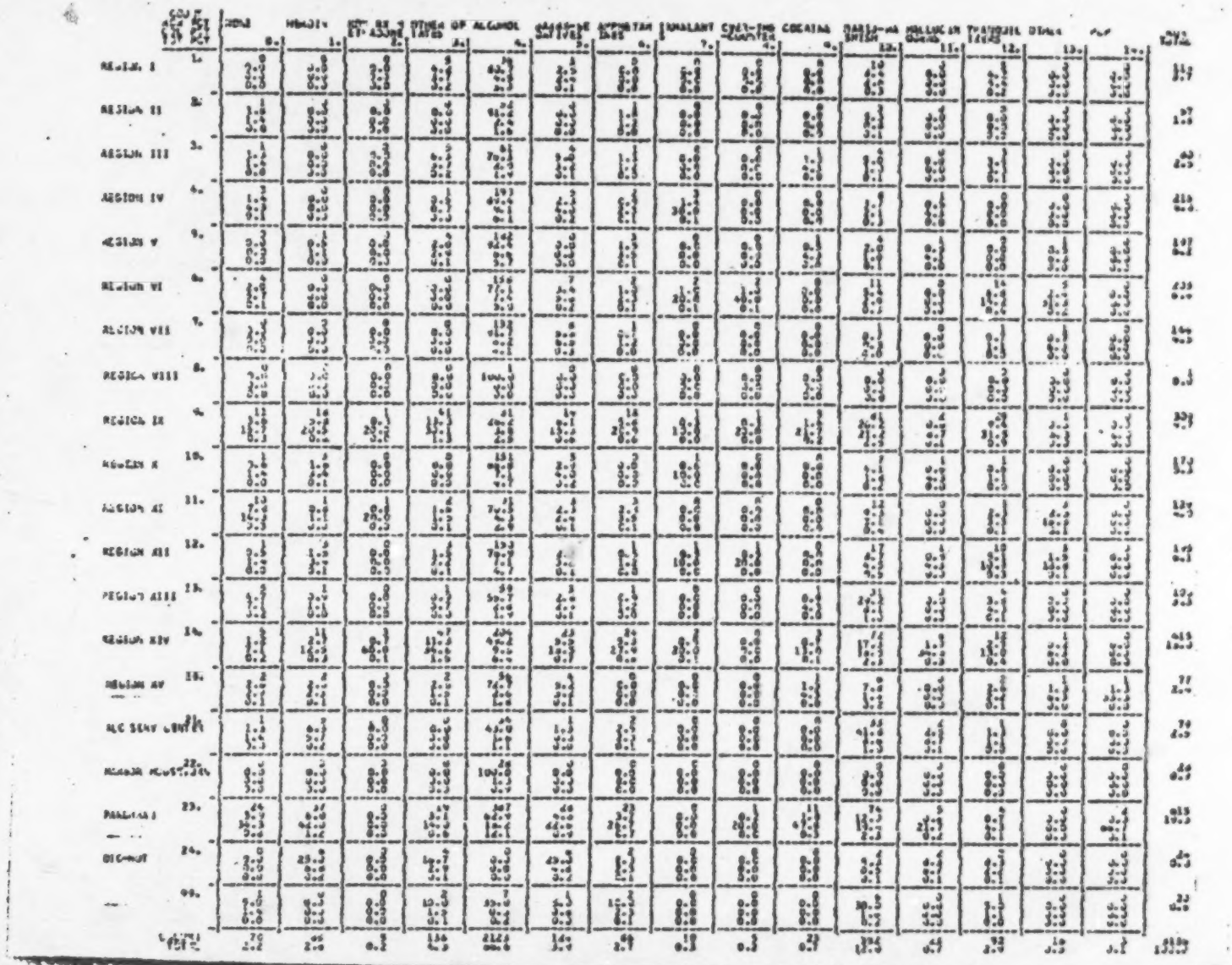
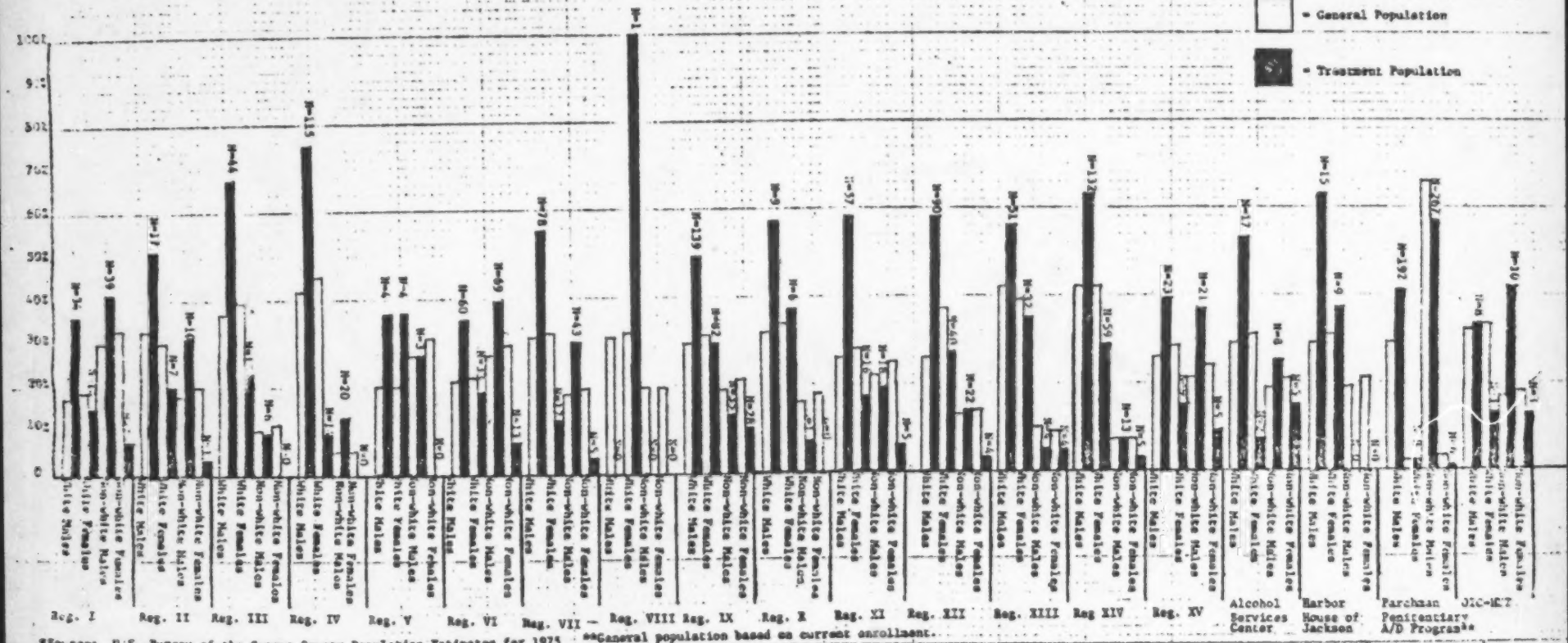


Figure 22. Comparison of Treatment Population and General Population* for Race and Sex for NEA'LIS Reporting Programs for January 1978 through March 1979



*Source: U.S. Bureau of the Census County Population Estimates for 1975 **General population based on current enrollment.

Figure 23. Reason for Discharge from MSAMIS Reporting Programs from January 1978, through March 1979

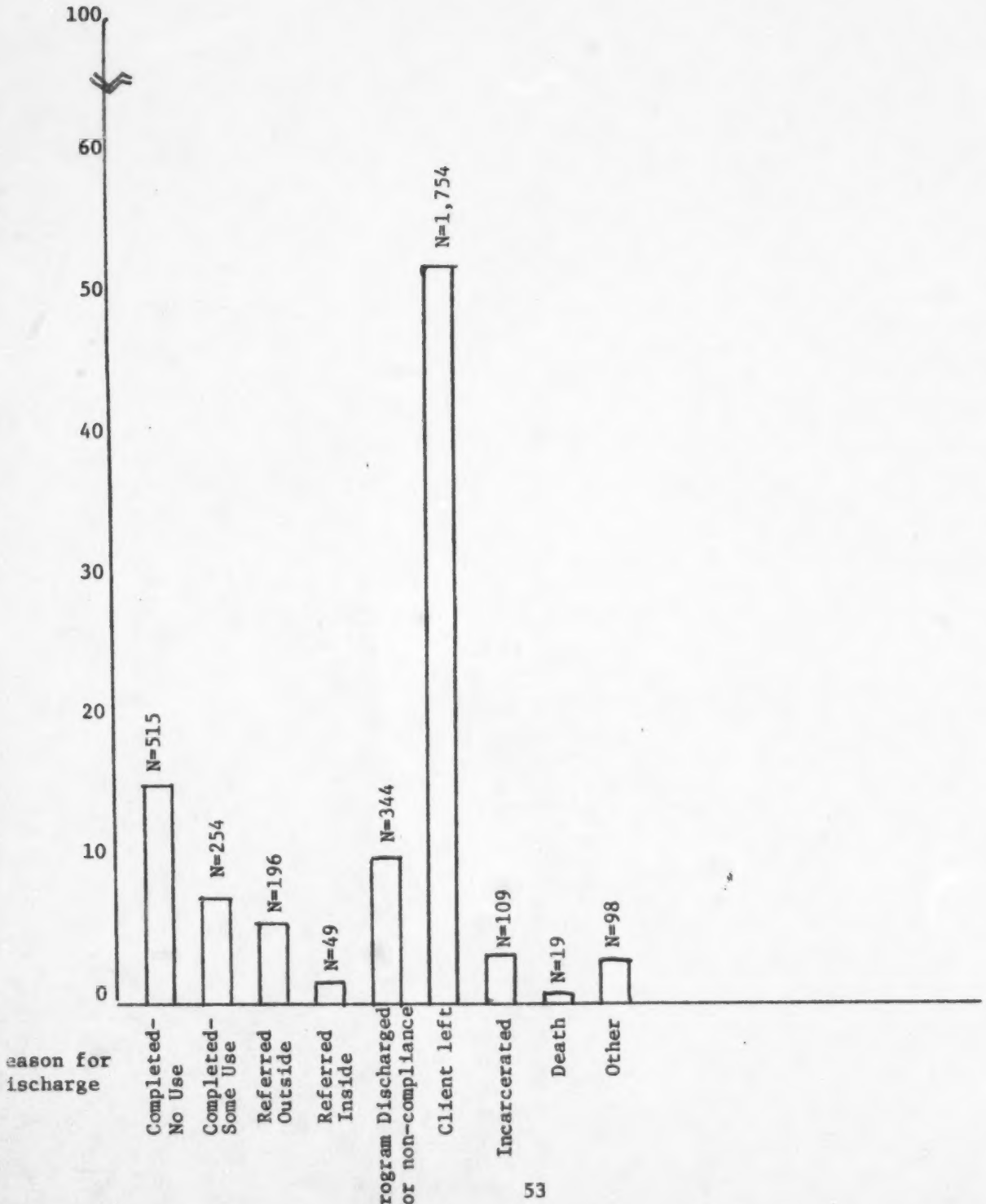


Figure 24. Hepatitis B Cases by Race for 1977

White	Non-white
N=35 31%	N=78 69%

Source: Mississippi State Board of Health

Figure 25. Type of Admission for MSAMIS Reporting Programs for January 1978, through March 1979

Type of Admission	Number of Admissions	Percentage of Admissions
First Admission	5,178	88.1
Readmission	624	10.6
Transfer	71	1.2

Figure 26. Source of Referrals for MSAMIS Reporting Programs for January 1978, through March 1979

Referral Source	Number of Admissions	Percentage of Admissions
Self	1,901	37.3
Spouse	55	1.1
Other Relative	359	7.0
Friend	140	2.7
Other Health/Substance Program	1,151	22.3
Vocational Rehabilitation	13	.3
Employer	70	1.4
School	14	.3
Clergy	11	.2
AA	39	.7
Court/Law Enforcement	1,135	22.3
Other	91	1.8

Figure 27. Reason for Discharge by Age Groups for MSAMIS Reporting Programs for January 1978, through March 1979

COUNT / ROW PCT / COL PCT / TOT PCT	AGE 0-17 (1.)	18-24 (2.)	25-34 (3.)	35-44 (4.)	45-98 (5.)	(99.)	ROW TOTAL
1. COMPLETED-NO USE	48	142	114	73	107	31	515
	9.3	27.6	22.1	14.2	20.8	6.0	15.4
	15.3	13.5	14.5	18.8	24.0	8.7	
	1.4	4.3	3.4	2.2	3.2	0.9	
2. COMPLETED-SOME U	20	58	70	35	46	25	254
	7.9	22.8	27.6	13.8	18.1	9.8	7.6
	6.4	5.5	8.9	9.0	10.3	7.0	
	0.6	1.7	2.1	1.0	1.4	0.7	
3. REFERRED OUTSIDE	17	54	51	25	38	11	196
	8.7	27.6	26.0	12.8	19.4	5.6	5.9
	5.4	5.2	6.5	6.4	8.5	3.1	
	0.5	1.6	1.5	0.7	1.1	0.3	
4. REFERRED INSIDE	9	16	10	6	3	5	49
	18.4	32.7	20.4	12.2	6.1	10.2	1.5
	2.9	1.5	1.3	1.5	0.7	1.4	
	0.3	0.5	0.3	0.2	0.1	0.1	
5. PROGRAM DISCHARG	21	133	57	29	15	89	344
	6.1	38.7	16.6	8.4	4.4	25.9	10.3
	6.7	12.7	7.3	7.5	3.4	25.0	
	0.6	4.0	1.7	0.9	0.4	2.7	
6. CLIENT LEFT	187	570	429	195	205	168	1754
	10.7	32.5	24.5	11.1	11.7	9.6	52.5
	59.6	54.4	54.6	50.1	46.1	47.2	
	5.6	17.1	12.9	5.8	6.1	5.0	
7. INCARCERATED	8	50	26	6	5	14	109
	7.3	45.9	23.9	5.5	4.6	12.8	3.3
	2.5	4.8	3.3	1.5	1.1	3.9	
	0.2	1.5	0.8	0.2	0.1	0.4	
8. DEATH	0	4	3	1	9	2	19
	0.0	21.1	15.8	5.3	47.4	10.5	0.6
	0.0	0.4	0.4	0.3	2.0	0.6	
	0.0	0.1	0.1	0.0	0.3	0.1	
9. OTHER	4	21	26	19	17	11	98
	4.1	21.4	26.5	19.4	17.3	11.2	2.9
	1.3	2.0	3.3	4.9	3.8	3.1	
	0.1	0.6	0.8	0.6	0.5	0.3	
COLUMN TOTAL	314	1048	786	389	445	356	3338
	9.4	31.4	23.5	11.7	13.3	10.7	100.0

NUMBER OF MISSING OBSERVATIONS = 31

III. PLAN FOR THE FUNCTIONAL AREAS

A. General Administration

A description of the organization structure of the Division of Alcohol and Drug Abuse and the Department of Mental Health is found in the introduction in I. State Agency and Planning Process.

In regard to third-party payments, limited success is being accomplished in Mississippi. Group insurance policies originating in Mississippi are required under state law to offer coverage for substance abuse services. Exhibit N describes the coverage offered by Blue Cross and Blue Shield. However, the services covered are for services in a licensed hospital by a licensed physician. Therefore, very few of the substance abuse services offered in Mississippi are eligible for third-party reimbursement. The only programs being able to maximize full benefit from such third-party coverage are the few private psychiatric facilities in Mississippi and the Chemical Dependency Unit at the Baptist Medical Center. The Chemical Dependency Unit, a 64-bed program, is currently self-supporting but was assisted in starting through a grant from DADA.

While the Division has always required each of the 409 and 410 funded programs to maximally seek third-party payments, no assessment has been made of the success at doing so. Therefore, the guidelines for the regional programs for the 409 funds (Exhibit C) have been revised to obtain

information regarding third-party payments. While some information was obtained, several grants were not specific in regard to sources or the amount of third-party payments. Therefore, only a limited view is currently available. More detailed descriptions of third-party payments are expected in the FY 81 grant applications and will be included in the FY 81 State Plan.

In general, a brief description follows regarding third-party payments as described in the FY 80 grant applications. The single largest source of funds is patient fees. The halfway houses are having success in obtaining food stamps. Although limited, some programs have received payments from the Division of Vocational Rehabilitation. The few programs that have received payments from CHAMPUS, Medicaid/Medicare, and private insurance companies have been programs that are able to provide physician and hospital services. However, even in these programs, reimbursement is low because only a few clients are covered by private companies and/or qualify for Medicaid/Medicare. Some programs have been successful in obtaining individual and United Way donations. Such donations tend to be small and are often specified for a particular service or item. With all programs being required to provide Employee Assistance Programming, Employee Assistance Program contracts are becoming viable sources of income. Totaling all of the sources of funds together, approximately 20 percent of the

funds available to the programs are from these various third-party sources. Considering these funds and the private programs, approximately 40 percent of the treatment budget for Mississippi is attributed to third-party payments.

While the legislation mandating group insurance policies to cover substance abuse services has aided in getting coverage for such treatment, restricting the coverage to services rendered by licensed physicians in licensed hospitals has eliminated many programs from eligibility for third-party payments. Due to this fact and the fact that so few clients have insurance, little is expected in the way of third-party payments in Mississippi without the passage of some type of national health insurance which would not be as restrictive on the type of services covered.

In past years, the only state funds which have been appropriated for substance abuse services have been the funds to treat substance abusers at the two state hospitals and the alcohol tax to support alcoholism programs. However, in the 1979 session, the Mississippi legislature included in the Department of Mental Health budget funds for community mental health centers. These centers are the host agencies for the majority of substance abuse services in Mississippi. The method for dispersing these funds has been developed by the Department of Mental Health (DMH) with consumer and provider input. The legislation specifies that the funds be used to support programs depleting the

last of their federal funds and that local matching funds be required.

In regard to certification standards, the FY 78 State Plan included the Department of Mental Health Minimum Standards for Mental Health Services as approved by the Board of Mental Health, July 1, 1977. These Standards were substantially revised and reissued October 1, 1978 (Exhibit D). A questionnaire manual has been developed to measure compliance with these Standards. Basically, the questionnaire manual is sent to a program prior to a site visit to allow for the program to list its source of documentation and is used by the site visitor to verify program compliance with the Standards.

MINI WORK-PLAN

Program Functional Area: General Administration

Previous Year's Objectives	Progress in Completion	Percent Complete
1. To site visit all programs through which alcohol/drug services are offered.	1. a. The Minimum Standards for Mental Health Services were revised, effective October 1, 1978. (Exhibit D)	100 percent
	b. All programs have received a certification visit.	100 percent
	c. SWSC programs have been site visited quarterly.	100 percent
2. Increase third-party payments.	2. a. All but three programs have been certified. The Choctaw Alcohol and Drug Abuse program is being provided technical assistance to prepare for certification. The Tupelo Harbor House is rescheduled for a certification visit on June 28 and 29, 1979. The OIC-HUT is scheduled for a certification visit July 12 and 13, 1979.	90 percent
	b. Most programs are receiving limited third-party reimbursement. These are generally limited to inpatient care or physician/psychologist services.	25 percent
3. Obtain state/local funds for the regional mental health service centers.	3. The Mississippi legislature appropriated $565,000 during the 1979 legislative session for mental health centers which are completing their NIMH funding.	50 percent
4. Develop services for women.	4. a. The 15 regional programs have been funded with the requirement to have services for women.	100 percent
	b. The new formula funds grant application guidelines (Exhibit C) were modified to obtain more information about services for women in the FY 80 grant applications.	100 percent
	c. The child abuse information from the Department Public Welfare was unavailable during 1979.	0 percent

MINI WORK-PLAN

Program Functional Area: General Administration

Previous Year's Objectives	Progress in Completion	Percent Complete
	4. d. A mass media campaign was conducted. A study was done to see whether utilization by women increased. The findings were that in October, November, and December of 1977, the percentage of admissions were respectively: 13.9 percent, 16.9 percent, and 18.8 percent. Following the mass media effort, the percentages for the same three months for 1978 were 18.2 percent, 22.4 percent, and 20.1 percent. While these percentages are not significant increases, increases did occur following the mass media effort. It should be noted that these percentages are for all drug types, including alcohol. Since as shown in II. Needs Assessment, women tend to be most underrepresented for alcohol admissions, the results may be more significant for other drugs than shown above.	100 percent
	e. Various bibliographical information relating to the needs of women substance abusers has been gathered and assessed.	100 percent
	f. An assessment was made to determine the number of women being served, and reviewing characteristics of women served, such as age, race, region, drug type, and reason for discharge. All these factors have been reviewed by sex except for the reason for discharge. The discharge data was not included in the last data report generated but will be included in future output reports.	80 percent

MINI WORK-PLAN

Program Functional Area: General Administration

Previous Year's Objectives	Progress in Completion	Percent Complete
	4. g. An assessment of the number of women employed in the regional programs has been conducted. The findings were that of 240 persons employed in the alcohol and drug programs in Mississippi, 127 (or 53 percent) are women. Of these 127 women, 93 (or 73 percent) are in professional positions. The breakout is as follows: Professional--43 Black, 49 White, 1 Other Non-professional--11 Black, 20 White, 3 Other.	100 percent
	h. A survey of existing programs to determine special needs of women and special services available for women is being developed at this time.	50 percent
	i. As this survey is completed, an analysis is planned to compare the number of women treated by each program to the percentage of women employees, specialized services for women, and ancillary services available.	50 percent
	j. A plan was made to survey numerous sources to determine the involvement of women. These included Bureau of Narcotics, Board of Health, and hospital emergency rooms. However, the Board of Health data is not available by sex, and the emergency room data has not included drug-related statistics in the past. Through cooperation with HSA, emergency room data will include drug-related statistics in the future.	50 percent
	k. High risk groups and agencies and groups that include and serve these high risk groups are being identified at this time. Once identified, these groups/agencies will be surveyed to determine special needs and services available to these high risk groups.	30 percent

MINI WORK-PLAN

Program Functional Area: General Administration

Previous Year's Objectives	Progress in Completion	Percent Complete
5. Develop services for youth.	5. a. The regional programs have been funded with the requirement to provide services for youth.	100 percent
	b. The grant application guidelines (Exhibit C) have been modified to obtain more specific information about youth services.	100 percent
	c. The greatest single achievement in regard to youth was the passage of the legislation allowing for treatment of persons 15 and over for alcohol and/or drug abuse problems.	100 percent
6. Improve the functioning roles of the DADA staff as related to the Statewide Services Contract (SWSC).	6. The DADA monitoring capabilities of the SWSC have improved substantially, as noted in the report from the most recent Touche-Ross visit contracted by NIDA. While areas for improvement exist and arrangements are being made for technical assistance in these areas, the overall functioning of the DADA in relation to the SWSC has substantially improved.	95 percent

MINI WORK-PLAN

Program Functional Area: General Administration

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
1--To obtain more information about the programs in Mississippi by obtaining quantifiably measurable goals and objectives and specific progress reports from the 15 regional programs in Mississippi.	I.A. III.A. III.C.	1a--Revise the grant guidelines. (Program Management Section and Treatment and Rehabilitation Section staff.)	12/1/79-2/1/80	$1,000	NIAAA and NIDA formula.
		1b--Follow the standard grant funding procedures. (Treat- and Rehabilitation Section staff.)	3/1/80-7/15/80	$2,500	NIAAA and NIDA formula.
2--To assure quality care services through the Division-funded substance abuse programs in Mississippi by certifying all DADA-funded programs in Mississippi.	I.A. III.A. III.C.	2a--Provide technical assistance as needed to prepare programs for certification. (Treatment and Rehabilitation Section staff.)	Ongoing	$2,500	NIAAA and NIDA formula, NIMH DMH.
		2b--Site visit all programs for compliance with the the Minimum Standards for Mental Health Services. (Certification Committee.)	Ongoing	$51,000	NIAAA and NIDA formula, NIMH, DMH and HEW Region IV (for their repesentative on site visit team.
		2c--Revise current Standards as need. (Certification Committee.)	7/1/79-10/1/79		NIAAA and NIDA formula, NIMH and DMH.

MINI WORK-PLAN

Program Functional Area: General Administration

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
3--To determine current utilization of services by women, youth and minorities and services available to these groups in order to effectively plan serving them by:	I.A. II. III.A. III.B. III.C. III.D. III.F.	3a--Obtain and assess information from the regional programs through the grant applications. (Treatment and Rehabilitation, Special Services, and Program Management Section staffs.)	12/1/79-8/31/80	$3,000	NIAAA and NIDA formula.
a--Increasing DADA's data base regarding current treatment and prevention services available to these groups through the 15 mental health centers' alcohol and drug abuse programs.					
b--Increasing the statistical data available to the planning staff of the Division.		3b(1)--Identify the current utilization level by these groups. (Program Management Section, Special Services, and Data Unit staffs.)	Ongoing	$3,000	NIAAA and NIDA formula.
		3b(2)--Compare the utilization data to other drug abuse indicators. (Program Management and Special Section staff.)	Ongoing	$2,000	NIAAA and NIDA formula.

MINI WORK-PLAN

Program Functional Area: General Administration

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
3c--Increasing the DADA's knowledge of the local programs in regard to specific issues relating to the treatment of these groups.		3c--Conduct surveys that will identify outreach strategies and media efforts aimed at these special groups, determine staffing patterns and identify special needs of these groups. (Special Services Section staff.)	7/1/79-4/1/80	$3,000	NIAAA and NIDA formula.
4--For the DADA-funded programs to increase third-party and other funding sources.	I.A. III.A.	4a--Identify possible sources of funds; determine current level of third-party payments; actively seek third-party and other funding sources. (Regional Program Coordinators.)	Ongoing	$2,000	NIAAA and NIDA formula and local.
5--To establish a mechanism for assuring that priorities placed on women, youth, and minorities are included in all functional areas and implemented.	I.A. I.B. II. III.A. III.B. III.C. III.D. III.E. III.F. III.G.	5a--Conduct periodic meetings of all section supervisors of DADA. (Special Services Section Supervisor.)	Ongoing	$500	NIAAA and NIDA formula and STSP.
		5b--Conduct periodic assessment to assure plans are being implemented. (Special Services Section staff.)	Ongoing	$200	NIAAA and NIDA formula.

B. Planning and Coordination

Many of the planning and coordinating activities of the DADA, such as relationships with Health Systems Agencies and State Health Coordinating Councils and to mental health, etc., are found in I.B. State Agency Planning Process. One item not described in I.B. was the Division's involvement in the development of criteria used by the Mississippi State Health Planning and Development Agency (SHPDA) in reviewing state plans and statewide projects. The Program Management Section Supervisor has met with SHPDA staff and with State Health Coordinating Council members in developing such criteria and has had the opportunity to submit review comments on the various drafts of the proposed criteria. Additionally, planning efforts with the criminal justice systems are included in III.J. Criminal Justice Interface. The remainder of this section is a description of planning and coordinating activities other than as described in I. B. and III. J.

Division staff serve as consultants to a number of agencies providing alcohol and drug abuse services such as Mississippi State University Social Science Research Center, Mississippi Alumni Association of Schools of Alcohol and Drug Studies, and Jackson State University Interdisciplinary Alcohol and Drug Studies Center.

As previously stated, the State Drug Abuse Authority is vested in the Department of Mental Health with implemen-

tation responsibility within the Division of Alcohol and Drug Abuse. Therefore, coordination among mental health, drug abuse, and alcoholism is achieved within that organizational structure. Furthermore, all division directors of the Department of Mental Health meet together monthly for overall Department planning and coordination.

An example of coordination and cooperation within the Department is the existence of the Department's Certification Committee. The Committee was formed by the Department of Mental Health Exceutive Director to be responsible for the development of the Minimum Standards for Mental Health Services and to supervise the certification process. Each Department of Mental Health division is represented on the committee, and the DADA Supervisor of the Program Management Section is the current chairperson.

The Division of Alcohol and Drug Abuse has been developing a formal agreement with the Division of Vocational Rehabilitation (DVR) in regard to the use of tax funds produced by the three percent alcohol tax.

Training of vocational rehabilitation counselors is also part of the coordination between the Division of Alcohol and Drug Abuse and DVR. Vocational rehabilitation counselors have attended the Southeastern School of Alcohol and Drug Studies with funds from DVR and DADA. The Division of Alcohol and Drug Abuse Special Services Section Supervisor is the designated liaison with the Division of Vocational Rehabilitation.

During FY 78 the DADA Preventive Services Section Supervisor participated in a Drug Enforcement Administration Program sponsored by the Jackson Public School System. The workshop included representatives from the school system, youth groups, PTA groups, mental health centers, youth courts, city government, city policy, and alcohol/drug abuse agencies. From this workshop substance abuse policies for the Jackson Public Schools were developed. During FY 79, the Preventive Services Section Supervisor was a member of the task force to refine these policies before presenting them to the Jackson Public School Board. The policies as submitted to the Board can be found in the Appendix as Exhibit F.

The Department of Education is represented on both the Alcohol and Drug Advisory Councils with the representative serving as a member of the Councils' Youth Task Forces. Coordination has also continued at the regional program levels. The regional programs, after the termination of the Drug Education Specialist Program, assist local schools in developing their own drug education programs.

These regional programs also cooperate with agencies such as the youth courts, other law enforcement programs, and health programs by receiving input from these other agencies during the development of the substance abuse programs and establishing referral systems to and from these programs. Although the relationships vary from region to region and by the availability of other agencies, the

local programs generally are involved with the following agencies if they exist within the region: local welfare departments, local h.. lth departments, local schools (elementary through high school), colleges, local and state hospitals, churches and clergy, physicians, police departments, courts, TASC, and other treatment service agencies. The 15 regional programs are combined alcohol and drug programs, thereby assuring coordination between alcohol and drug abuse service providers.

As in the past, the Division worked with other Southeastern State Alcohol Abuse and Alcoholism Authorities and State Drug Abuse Authorities in conducting the Southeastern school of Alcohol and Drug Studies at the University of Georgia, Athens, Georgia. The Division also continued to work with Jackson State University Alcohol and Drug Studies Center. The Supervisor of the Program Management Section is the current chairperson of the Advisory Board for the Alcohol and Drug Studies Center.

DADA worked with the Mississippi Alumni Association of Schools of Alcohol and Drug Studies. The Alumni Association is active in areas of alcohol and drug awareness in Mississippi. One of the primary tasks of the Association is the annual Mississippi Alcohol and Drug Abuse Awareness Week.

DADA has worked much closer with regional programs during FY 79 than in previous years. The quarterly meetings of the Alcohol and Drug Program Coordinators have not only

been information-giving meetings, but also planning sessions, with the coordinators having valuable input into the planning priorities of the Division. Furthermore, the Alcohol and Drug Program Coordinators and the Mental Health Center Directors were requested to submit written suggestions regarding revisions made with the Minimum Standards for Mental Health Services. Perhaps the greatest cooperation with the regional programs has been in regard to MSAMIS. A task force consisting of appropriate Division staff and regional coordinators representing a variety of programs was appointed. The regional coordinators were selected so that programs serving special populations, rural, urban, combined alcohol and drug clients, only alcohol clients, only drug clients, reporting to the National Institute on Alcohol Abuse and Alcoholism, and reporting to the National Institute on Drug Abuse were all represented. The task force has been responsible for revising the MSAMIS forms and determining appropriate output reports to meet the needs of the federal funding sources, Board of Mental Health, Division of Alcohol and Drug Abuse, local governing boards, and regional programs.

In order to better coordinate activities at the regional programs in regard to developing Employee Assistance Programs, the DADA Special Services Section Supervisor on a quarterly basis meets with the regional staff responsible for implementing Employee Assistance Programs.

Recognizing the overlap that often occurs with the child abusing parent who may also suffer from problems relating from substa.. e abuse, the Special Services Section Supervisor has maintained close working relationships with the Department of Public Welfare. Efforts are being made to train welfare workers to recognize symptoms of substance abuse and substance abuse workers to detect child abuse problems. Confidentiality issues have already been addressed and seem to be functioning appropriately.

MINI WORK-PLAN

Program Functional Area: Planning and Coordination

Previous Year's Objectives	Progress in Completion	Percent Complete
1. To use the Advisory Council for planning, advice, support, and assistance.	1. a. Through the Task Force on Women, a media campaign aimed at women was conducted in September, 1978, with an assessment of the impact being conducted the remainder of 1978. The results can be found in the plan for General Administration.	100 percent
	b. Through extensive efforts by the Task Force on Youth and the Legislative Task Force, legislation that allows for the treatment of persons age 15 and above for alcohol and drug problems was passed during the 1979 Mississippi legislative session.	10 percent
	c. Due to staff changes that have occured with the DADA, the Needs Assessment Task Force has been rather inactive. However, new staff assignments are being made, and an attempt will be made to revive the interest in this task force.	25 percent
	d. The Council as a whole was active in dispersing pamphlets and posters, seeking local television and radio air time, and promoting substance abuse services.	100 percent
	e. All local programs have advisory councils and/or governing boards which assist the state advisory council in its efforts and provide advice, support, and assistance to the local programs.	100 percent
2. To establish cooperative efforts with local programs in regard to DADA planning and implementation efforts.	2. a. The local programs were invited to submit suggestions in the development of the Minimum Standards for Mental Health Services. (Exhibit D) However, due to the overall low response, an attempt is being made to have program representation on the committee for future revisions.	50 percent

MINI WORK-PLAN

Program Functional Area: Planning and Coordination Planning and C

Previous Year's Objectives	Progress in Completion	Percent Complete
	2. b. The greatest cooperation with the programs has been in the task force of regional program coordinators and DADA staff modifying MSAMIS. The group has developed new data collection instruments (Exhibit E) and is now developing output reports.	90 percent
3. To establish cooperation and coordination efforts within the Department of Mental Health for the development of Departmental Standards and the passage of legislation for treatment of minors without parental consent and for funds for community mental health centers.	3. a. On October 1, 1978, the Minimum Standards for Mental Health Services were approved by the Board of Mental Health. The Certification Committee, which includes representation from each DMH division, was responsible for the development of these Standards and is responsible for coordinating the certification process.	100 percent
	b. Both legislative efforts were successful. Persons 15 or older can be treated for substance abuse without parental consent, and $565,000 has been appropriated for community mental health centers.	100 percent
4. To develop working relationships with the Division of Vocational Rehabilitation (DVR) through a formal agreement and training of their counselors.	4. a. The agreement has been formalized with DVR with services being paid for from the three percent alcohol tax.	100 percent
	b. Five DVR counselors attended the Southeastern School of Alcohol and Drug Studies in August, 1978.	100 percent

MINI WORK-PLAN

Program Functional Area: Planning and Coordination

Previous Year's Objectives	Progress in Completion	Percent Complete
5. To establish liaison with the with the Department of Public Welfare (DPW) regarding child abuse/neglect related to substance abuse.	5. Based on a recommendation made during the NIDA review of the FY 79 State Plan, DADA has expanded this liaison with DPW during FY 79. Arrangements were made for DPW to provide training on child abuse/neglect for the Alcohol and Drug Program Coordinators and for DPW case workers to be trained on alcohol and drug abuse. However, due to the "Easter Flood" of 1979 in Jackson, all DPW workers were assigned flood relief duties during the time that the training was scheduled. Therefore, the training has been rescheduled for August, 1979. A letter has been sent to all Parents Anonymous Groups in Mississippi informing them of services available through DADA and encouraging them to contact the Division.	50 percent
6. To work with the Department of Education to assure that prevention activities occur within Mississippi public schools.	6. a. Due to a reorganization within the Department of Education, the position of Alcohol and Narcotics Education Program (ANEP) Coordinator was eliminated. This task is now part of the Health Education Program. Therefore, DADA no longer funds a position at the Department of Education.	0 percent
	b. The former ANEP Coordinator, as a staff member of the Health Education Program, is a member of the Advisory Councils.	100 percent
	c. DADA has provided the Department of Education materials, resources, and technical assistance.	100 percent

MINI WORK-PLAN

Program Functional Area: Planning and Coordination

Previous Year's Objectives	Progress in Completion	Percent Complete
7. To establish a Manpower and and Training office within the Department of Mental Health.	7. A committee was formed with representatives from all divisions of the DMH and from the the University Medical Center, various universities, the Department of Education, HSA, SHPDA, and various institutions and local programs. The committee developed a proposal to be submitted to NIMH for funding.	100 percent

MINI WORK-PLAN

Program Functional Area: Planning and Coordination

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
1--To maintain the cooperative arrangements with the local programs.	I.A. I.B. III.A. III.B. III.C. III.D.	1a--Maintain the existing task force developing output reports for MSAMIS. (Data Unit Coordination.)	7/1/79-11/1/79	$3,000	NIAAA and NIDA formula.
		1b--Involve alcohol and drug program coordinators, mental health center directors, and mental retardation program coordinators in the revision of the Minimum Standards for Mental Health Services. (Certification Committee.)	7/1/79-10/1/79	$2,000	NIAAA and NIDA formula, NIMH, DMH, and local.
2--To maintain the cooperative effort within the Department of Mental Health.	I.A. I.B. III.A. III.B. III.C. III.G.	2a--Maintain monthly meetings of the division and institution directors of the Department. (DMH Division and Institution Directors.)	Ongoing	$6,500	NIAAA and NIDA formula, NIMH, and DMH.
		2b--Maintain the monthly Certification Committee Meetings. (Certification Committee.)	Ongoing	$1,000	NIAAA and NIDA formula, NIMH, DMH.
		2c--Maintain the Manpower and Training Committee within the Department. (Manpower and Training Committe.),	Ongoing	$4,000	NIAAA and NIDA formula, NIMH, STSP, DMH, Dept. of Education, HSA, SHPDA Board of Colleges & Universities, and local.

MINI WORK-PLAN

Program Functional Area: Planning and Coordination

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
3--To increase cooperation with the Department of Public Welfare regarding child abuse/ neglect and substance abuse.	III.A. III.B. III.C. III.D. III.G.	3a--Have DPW staff conduct a training session on child/ neglect for the alcohol and drug abuse coordinators. (Special Services Section Supervisor.)	8/79	$5,500	NIAAA and NIDA formula and DPW.
		3b--Have a DADA-sponsored training program for DPW case workers. (Special Services Section Supervisor.)	9/79	$750	Same
		3c--Coordinate general relations with DPW. (Special Services Section Supervisor.)	Ongoing	$250	Same
		3d--Review confidentiality issues as related to child abuse/neglect and alcohol/ drug abuse. (Program Management Section Supervisor.)	Ongoing	$100	Same
4--To maintain the cooperation with the Department of Education (DE).	III.B. III.F. III.G.	4a--Maintain DE representasentation on the Advisory Council. (Preventive Services Section Supervisor.)	Ongoing	$100	Department of Education
		4b--Provide technical assistance and materials to the Health Education Program (HEP). (Preventive Services Section staff.)	Ongoing	$200	NIAAA and NIDA formula.
		4c--Provide training for HEP staff. (Preventive Services Section staff.)	Ongoing	$300	STSP and Department of Education

MINI WORK-PLAN

Program Functional Area: Planning and Coordination

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
5--To continue to work with the Jackson Public School System.	III.B. III.F.	5--Serve on the Drug Policy Task Force. (Preventive Services Section Supervisor.)	Ongoing	$700	NIAAA and NIDA formula, STSP, and Jackson Public Schools.

C. Treatment and Rehabilitation

The source of the Division's commitment to its policy of multi-county drug abuse services is its policy of multi-county regional treatment and rehabilitation services. The treatment policy is based on the philosophy that treatment and rehabilitation services should be adequate to meet as many client needs as feasible but should be localized enough to be easily accessible to the client population. By using the Mississippi Community Mental Health Center System, the Division of Alcohol and Drug Abuse is able to fund regional programs which are easily accessible to clients in need of services.

The DADA has established basically the same treatment priorities as NIDA, by placing emphasis on women, youth, and minorities. As mentioned in II. Needs Assessment, the largest racial minority in Mississippi is the Black population. With the Choctaw Community being located in Mississippi, the second largest minority is Indian. Being a primarily rural state, the treatment services in Mississippi are offered predominantly in rural settings, thus complying with NIDA's emphasis on rural drug abuse treatment. With no extensive metropolitan areas, Mississippi has no inner-city populations. Therefore, no emphasis is placed on this population.

Of programs which have Black leadership staffs, which have been successful in maintaining outreach activities

in the Black community, and/or which have been successful in maintaining Blacks in treatment, basic criteria have been noted and described. These criteria are on the following pages.

Outreach in the Black community cannot be successful through mass media, civic talks, public meetings, or traditional outreach methods. Instead, outreach must be done on the street where small groups gather naturally, through neighborhoods, and/or through Black churches. In rural areas the support of the Black ministers and/or NAACP or similar persons is essential to obtain trust in the Black community and to be able to conduct outreach in this area.

Once outreach has been successful and Blacks are being treated, basic criteria are also essential in their treatment. First, building rapport with Black clients is essential. A basic mistrust of whites often exists, and several sessions are necessary to build any trust at all. Therefore, treatment begins with a description of the kinds of services offered combined with attempts toward meaningful dialogue. Second, short-term, problem-oriented therapy is preferable. Using concrete terms is important, and abstract therapy modes such as Gestalt and other "feelings" therapies should be avoided. Reality therapy, problem solving therapy, and systemic therapy are the prime modes. Black clients have a strong "show me something" attitude toward the program and the system. Therefore, the program should

act as advocate for the clients and help them learn the "systems" they must deal with, as well as assist in job placement and referral to Vocational Rehabilitation. Black clients expect and desire advice. Black clients tend to like to solve their own problems, thus problem solving therapy is very effective. By not offering "counseling" per se, the issue of "those who need counseling are sick" can be avoided. The observation of nonverbal behavior is essential to treatment. Eye contact is not maintained for long periods nor expected in return. When therapists are dealing with the opposite sex, the social distance is expanded to at least am arm's length with no touching--particularly with male clients.

Treatment should be provided in the program, on the street, in homes, or where necessary. A non-threatening environment which is genuine and very real is essential. Clients are told the limits of what can and cannot be done. Warmth, empathy, and reflective statements are avoided in general. This attitude tends to create an air of phoniness with many minority population clients. Confidentiality is highly stressed, as there is a great fear of what they are saying getting back on the street.

A description of the evaluation process of the local programs is found in III. A. General Administration, and a copy of the Minimum Standards for Mental Health Services (MSMHS) are found in the appendix as Exhibit D. One area

that the DADA is considering to stimulate the development of innovative techniques in substance abuse treatment is the area of using r[illegible]ing therapy as an adjunct to other treatment. This prospect is further described in III. E. Research and Evaluation. The majority of alcohol and drug abuse services in Mississippi are incorporated in community mental health centers. All programs are required to have linkages as documented in affiliation agreements with community agencies. All programs are required to have community based advisory councils and/or governing boards.

The policy of the Board of Mental Health has been to restrict drug treatment services to drug free services. Furthermore, only three hospitals are approved by DEA to use methadone for detoxification. Two of these are in Jackson; and the third, in Meridian. These three hospitals are the University Medical Center, St. Dominic-Jackson Memorial Hospital which serves one of the three Statewide Services Contract (SWSC) Programs, and East Mississippi State Hospital.

In the local programs, other than the SWSC programs, there are 247 drug free outpatient slots. In the SWSC Programs the modality and environment slot capacity is as follows:

Modality / Environment	Detox	Drug Free	Total
Outpatient		73	73
Residential		38	38
Inpatient	1		1
		TOTAL	112

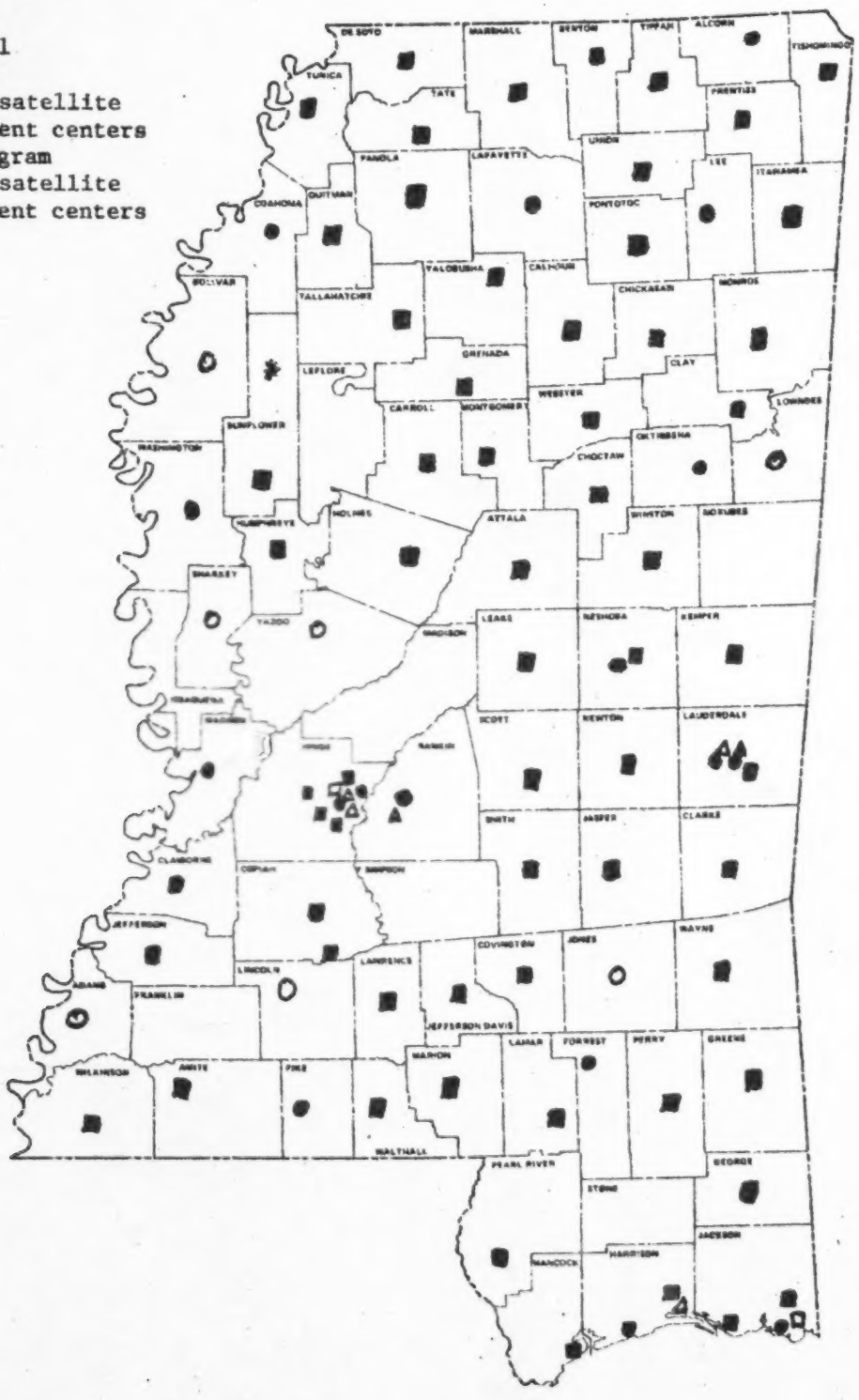
This slot capacity is based on the existence of a SWSC program in Pascagoula. However, the Region XIV Mental Health/Mental Retardation Commission has elected to terminate this contract effective July 1, 1979. The DADA is currently seeking another applicant for this program. The basic problem in establishing SWSC programs in Mississippi is the lack of matching funds at the state and/or local levels.

As previously mentioned, the majority of the 409 funds are used to support services in the 15 community mental health centers, thereby assuring that at least minimum services are available throughout the state. The SWSC programs, however, are currently located in Jackson and the gulf coast area, the two areas shown to have the highest incidence of drug abuse. Figure 28 is a map showing the location of all drug abuse services in Mississippi.

By placing the majority of the substance abuse programs in the community mental health centers, the programs have access to multi-discipline staffs which would normally be prohibitive to such small programs. All mental health centers have social workers, at least once licensed psychologist, and a full-time and/or part-time psychiatrist. With such staffing patterns, the substance abuse programs are assured of having adequate clinical support and supervision. The staffing patterns of the alcohol and drug abuse programs generally include master's level professionals with specialized experience and/or training in substance abuse. All programs

Figure 28. Mississippi Map Showing Location of Drug Abuse Services

- -Inpatient
- -Day Care
- -Residential
- -Outpatient
- -Full-time satellite outpatient centers
- -Prison Program
- -Part-time satellite outpatient centers



and mental health centers are required to have continuing in-service training programs to upgrade the skills of all staff. The DADA training system described later in this Plan also assures training of substance abuse program staffs, mental health center staffs, and other ancillary service agency staffs.

Figure 29 is a description of the services available in Mississippi listing the program, location (only primary site, not including satellite centers), eligibility, environment, and services provided.

To assure accessibility of substance abuse services to racial minorities, the DADA supports the Choctaw Program and OIC-HUT. The Choctaw Program is funded primarily by the Bureau of Indian Affairs. The Division provides technical assistance in providing quality care, additional funds for an additional counselor, and assistance in developing prevention campaigns. To assure more accessibility to Blacks, the Division has contracted with the Opportunities Industrialization Center, Inc. (OIC) for SWSC residential services. OIC is a predominantly Black organization, and the HUT residential program is located in a predominantly Black area of Jackson.

PROGRAM	LOCATION	ELIGIBILITY	ENVIRONMENT*	SERVICES PROVIDED
Mississippi State Hospital	Whitfield, MS	Residents of Mississippi and Others	Hospital/Inpatient	Detoxification, assessment and evaluation, counseling, aftercare and referral.
East Mississippi State Hospital	20th Street Extension Meridian, MS	Residents of Mississippi and Others	Hospital/Inpatient	Detoxification, assessment and evaluation, counseling, aftercare and referral.
Veterans Administration Hospital	1500 East Woodrow Wilson Jackson, MS	Eligible Veterans	Hospital/Inpatient	Detoxification, assessment and evaluation, counseling, aftercare and referral.
Veterans Administration Hospital	Pass Road Biloxi, MS	Eligible Veterans	Hospital/Inpatient	Detoxification, assessment and evaluation, counseling, aftercare and referral.
Mississippi Baptist Medical Center Chemical Dependency Unit	1225 North State St. Street Jackson, MS	Residents of Mississippi and Others	Hospital/Inpatient	Detoxification, assessment and evaluation, counseling, aftercare and referral.
Region I Mental Health Center	1742 Cheryl Drive Clarksdale, MS	Residents of Coahoma, Quitman, Tallahatchie, and Tunica Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Region II Mental Health/ Mental Retardation Center	Highway 7 By-Pass Oxford, MS	Residents of DeSoto, Calhoun, Lafayette, Marshall, Panola, Tate and Yalobusha Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Region III Mental Health Complex	830 South Gloster Street Tupelo, MS	Residents of Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, and Union Counties	Outpatient Hospital/Inpatient Residential	Detoxification, assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Timber Hills Mental Health Services	1207 Phillips Street Corinth, MS	Resident of Tippah, Alcorn Tishomingo, and Prentiss Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.

PROGRAM	LOCATION	ELIGIBILITY	ENVIRONMENT*	SERVICES PROVIDED
Pine Belt Regional Mental Health/Mental Retardation Complex	715 Scooba Street Hattiesburg, MS	Residents of Jefferson Davis, Covington, Jones, Wayne, Marion, Lamar, Forrest, Perry, and Greene Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Gulf Coast Mental Health Center	4514 Old Pass Road Gulfport, MS	Residents of Harrison, Hancock, Pearl River, and Stone Counties	Outpatient; Residential, Hospital/Inpatient	Detoxification, assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Singing River Mental Health/ Mental Retardation Services	903 Eleventh Street Pascagoula, MS	Residents of Mississippi; focusing on George and Jackson Counties	Outpatient Residential Hospital/Inpatient	Detoxification, assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Warren/Yazoo Mental Health Services	Mafan Building Adams Street Vicksburg, MS	Residents of Warren and Yazoo Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Harbor Houses of Jackson, Inc.**	1019 West Capitol Jackson, MS	Residents of Mississippi and Others (Males Only)	Residential	Counseling and referral.
Harbor Houses of Jackson, Inc., Women's Division**	Fannin Road Jackson, MS	Residents of Mississippi and Other (Females Only)	Residential	Counseling and referral.
Friends of Alcoholics **	Highway 49 Pocahontas, MS	Residents of Mississippi	Residential	Counseling
Harbor House, Male Unit**	Highway 78 East Tupelo, MS	Residents of Benton, Union, Pontotoc, Lee, Itawamba, Chickasaw, and Monroe Counties	Residential	Counseling, referral, detoxification, vocational rehabilitation.
Harbor House, Female Unit**	Tombigbee State Park Road Tupelo, MS	Residents of Mississippi	Residential	Counseling, referral, detoxification.

PROGRAM	LOCATION	ELIGIBILITY	ENVIRONMENT*	SERVICES PROVIDED
Delta Community Mental Health Services	1654 East Union Greenville, MS	Residents of Bolivar, Issaquena, Sharkey, and Washington Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Region VI Community Mental Health/Mental Retardation Center	Browning Road Greenwood, MS	Residents of Sunflower, Leflore, Grenada, Carroll, Montgomery, Humphreys, Holmes, and Attala Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Region VII Mental Health Complex	Lampkin Street Starkville, MS	Residents of Webster, Clay, Choctaw, Lowndes, Winston, Oktibehha, and Noxubee Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education
Region VIII Mental Health and Mental Retardation Commission	Rankin General Hospital Brandon, MS	Residents of Rankin, Simpson and Madison Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral,consultation and education.
Jackson Mental Health Center	St Dominic-Jackson Memorial Hospital 969 Lakeland Drive Jackson, MS	Residents of Mississippi; focusing on Hinds and Copiah Counties	Hospital/Inpatient Day Care, Outpatient	Detoxification, assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Weems Community Mental Health/Mental Retardation Center	1405 Junior College Road Meridian, MS	Residents of Clarke, Jasper, Kemper, Lauderdale Neshoba, Newton, Leake, Smith and Scott Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education.
Southwest Mississippi Mental Health/Mental Retardation Center	1701 White Street McComb, MS	Residents of Claiborne, Jefferson, Adams, Franklin, Pike, Lincoln, Lawrence, Wilkinson, Amite and Walthall Counties	Outpatient	Assessment and evaluation, counseling, emergency, aftercare, referral, consultation and education

PROGRAM	LOCATION	ELIGIBILITY	ENVIRONMENT	SERVICE PROVIDED
Home of Grace **	14200 Jericho Road Ocean Springs, MS	Residents of Mississippi	Residential	Counseling, referral, detoxification.
Alcohol Services Center**	836 North West Street Jackson, MS	Residents of Mississippi	Outpatient	Counseling and referral.
OIC-HUT	1020 Robinson Road Jackson, MS	Residents of Mississippi	Residential	Counseling, vocational training, and referral.

* All programs serve as drug free modalities.

** Primarily serve alcoholics, but also serve substance abusers other than alcoholics.

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

Previous Year's Objectives	Progress in Completion	Percent Complete
1. To maintain the 15 existing 409 funded regional drug abuse programs.	1. Effective March 1, 1979, the last of the 15 regional drug programs was funded for drug services. Previously, this program has been operating under an administrative planning grant. It was scheduled to be funded October 1, 1978. Because of administrative setbacks within the program, funding was delayed. All programs are now funded and operable.	100 percent
2. To increase the utilization rate of the Statewide Services Contract by funding a third SWSC subcontract.	2. A third SWSC subcontract was established by converting existing outpatient slots to residential slots. This provided for a 16-slot residential program. The other two programs which had consistently been under-utilized previously are now averaging a utilization rate of 90 percent and above. The new facility as of March, 1979, had increased its rate to 88 percent.	85 percent
3. To increase treatment services available to youth.	3. a. The legislation allowing the treatment of persons 15 and over for alcohol and drug abuse problems without parental consent passed during the 1979 legislative session.	100 percent
	b. All programs make regular services available to youth.	100 percent
	c. Specialized services available in some of the programs include the following: adolescent group therapy, school consultation, focus on coping skills and values clarification, assertiveness training for youth, and focus on self-concept development and interpersonal relationships.	50 percent
	d. Most programs have well established referral systems with the youth court.	75 percent

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

Previous Year's Objectives	Progress in Completion	Percent Complete
	3. e. Outreach activities are established with local school systems.	100 percent
	f. DADA funded a program for youth at Big Brothers and Big Sisters of Jackson, Inc.	100 percent
4. To increase services available to women.	4. a. All programs make regular services available to women.	100 percent
	b. Outreach activities are established with women's clubs and agencies serving women, such as Women in Crisis.	100 percent
	c. Specialized services available in some of the programs include the following: marital enrichment, sexual therapy, divorce adjustment, women's alcohol and drug education group, and emphasis on coping skills and problem solving skills.	50 percent
	d. A media campaign was conducted statewide to get women into treatment.	100 percent
5. To increase services available to racial minorities (Blacks and Indians).	5. a. All programs make regular services available to racial minorities.	100 percent
	b. DADA has assisted the Choctaw Program with its outreach efforts and in preparing for certification.	100 percent
	c. Outreach activities in the Black community include contacts with Black clubs, Black churches, and agencies serving predominantly Black citizens.	100 percent
	d. Specialized services available in some programs for Blacks include: strong emphasis on vocational rehabilitation and locating satellite facilities in predominantly Black communities.	30 percent

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

Previous Year's Objectives	Progress in Completion	Percent Complete
	5. e. The DADA funds the OIC-HUT, with a Black staff and located in a predominantly Black area of Jackson, and Big Brothers and and Big Sisters of Jackson, Inc., a predominantly Black agency.	100 percent

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
1--To improve regional treatment planning strategies by providing each drug program with quarterly data printouts of drug activities in comparison with state averages.	I.A. I.B. II. III.A. III.B. III.C. III.D.	1a--Continue to receive monthly data requests from each region. (Data Unit staff.)	Ongoing	$10,000	NIAAA and NIDA formula.
		1b--Meet with Data Committee to determine what compilation of data would be the most beneficial. (Data Unit staff.)	7/1/79-11/1/79	$3,000	Same
		1c--Develop quarterly printouts and send to regional programs. (Data Unit staff.)	Ongoing	$1,000	Same
2--Increase minority, female, and youth participation in drug treatment programs by 10 percent for FY 80.	I.A. I.B. II. III.A. III.B. III.C. III.D.	2a--Revise guidelines for applications to reflect special objectives for special populations. (Treatment & Rehabilitation and Program Management Section staffs.)	2/1/80	$1,000	Same
		2b--Review grant applications and accept only objectives that have meaningful and measurable qualities. (Treatment and Rehabilitation Section staff.)	3/1/80-7/15/80	$2,500	Same
		2c--Monitor monthly and quarterly data reports. (Treatment and Rehabilitation Section staff.)	Ongoing	$2,000	Same
		2d--Monitor quarterly progress towards objectives and action strategies. (Treatment and Rehabilitation Section staff.)	Ongoing	$2,000	Same

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
		2e--Review services provided by Big Brothers & Big Sisters to determine future funding needs. (Program Management Section staff.)	Ongoing	$500	NIAAA and NIDA formula, and state alcohol tax.
3--To assure that in-service training is being conducted by therapeutically qualified professionals by monitoring the the training schedules of each drug program through FY 80.	I.A. III.A. III.B. III.C. III.G.	3--Develop, implement, and review training schedule for the fiscal year. (Preventive Services Section staff.)	Ongoing	$6,000	NIAAA and NIDA formula and STSP.
	through certification	3b--Monitor training progress site visits. (Program Management Section staff.)	Ongoing	$51,000 (for total site visits)	NIAAA and NIDA formula, NIMH, and HEW Region IV.
4--To maintain at least an 85 percent utilization rate for SWSC subcontracts through FY 80.	I.A. III.A. III.C.	4a--Consult with subcontractors regularly. (Treatment and Rehabilitation Section staff.)	Ongoing	$750	NIDA formula.
		4b--Monitor monthly CODAP. (Treatment & Rehabilitation Section & Data Unit staffs.)	Ongoing	$750	Same
		4c--Plan alternatives with underutilized programs. (Treatment & Rehabilitation Section staff.)	Ongoing	$1,000	Same
		4d--Provide technical assistance and training. (Treatment & Rehabilitation Section staff.)	Ongoing	$1,250	NIDA formula and STSP.
		4e--Emphasize regular contacts with referral sources. (Treatment & Rehabilitation Section staff.)	Ongoing	$250	NIDA formula.

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
5--To continue to provide drug services throughout the state by funding 15 regional drug programs for FY 80.	I.A. III.A. III.C.	5--Follow the standard grant funding procedures. (Treatment and Rehabilitation Section staff.)	3/1/80-7/15/80	$2,500	NIAAA and NIDA formula.
6--To assure quality care services through Division-funded substance abuse programs in Mississippi by certifying all DADA-funded programs in Mississippi.	I.A. III.A. III.C.	6a--Provide technical assistance as needed to prepare programs for certification. (Treatment & Rehabilitation Section staff.)	Ongoing	$2,500	NIAAA and NIDA formula, NIMH, and DMH.
		6b--Site visit all programs for compliance with the MSMHS. (Certification Committee.)	Ongoing	$51,000	NIAAA and NIDA formula, NIMH, DMH, and HEW Region IV (for their representative on site visit teams)
		6c--Revise current Standards as needed. (Certification Committee and Task Force.)	7/1/79-10/1/79	$1,000	NIAAA and NIDA formula, NIMH, DMH, and local.
7--To increase utilization of services by youth in the regional programs.	I.A. II. III.A. III.B. III.C.	7a--Conduct an adolescent group therapy session weekly. (Region III A/D Coordinator.)	Ongoing	$600	NIAAA and NIDA formula and local.

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
		7b--Maintain referral systems with youth court. (A/D Regional Coordinators.)	Ongoing	$1,000	NIAAA and NIDA formula.
		7c--Provide consulting service to local school systems. (A/D Regional Coordinators.)	Ongoing	$2,000	NIAAA and NIDA formula, NIMH, and local.
		7d--Conduct outreach activities with local agencies working with youth; i.e., YWCA, YMCA, Boy's Club, etc. (A/D Regional Coordinators.)	Ongoing	$2,000	NIAAA and NIDA formula and
		7f--Conduct needs assessments related for youth. (Regions IX, XI, and XII A/D Regional Coordinators.)	7/1/79-3/80.	$3,000	NIAAA and NIDA formula and SWSC
8--To increase utilization of services by women in the regional programs.	I.A. II. III.A. III.B. III.C.	8a--Maintain outreach activities with women's groups and agencies serving women. (A/D Regional Coordinators.)	Ongoing	$10,500	NIAAA and NIDA formula, NIMH, SWSC, and local.
		8b--Provide specialized services for women; i.e., marital enrichment, sexual therapy, divorce adjustment, career planning, parenting skills. (Region III A/D Coordinator.)	Ongoing	$700	NIAAA and NIDA formula and local.
		8c--Conduct a public media campaign for women. (Region VI A/D Coordinator.)		Ongoing	$800 NIDA formula, NIMH and local.

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
		8d--Increase female staff. (Region IV A/D Coordinator.)	7/1/79-1/1/80	$6,000	NIAAA and NIDA formula.
		8e--Train staff on treating the female substance abuser. (A/D Regional Coordinators.)	Ongoing	$5,250	NIAAA and NIDA formula, NIMH, SWSC, STSP, and local.
		8f--Establish a drug education group for families of female substance abusers. (Region V A/D Coordinator.)	6/1/79	$250	NIAAA and NIDA formula, NIMH, and local.
		8g--Conduct a community needs assessment relating to the needs of women substance abusers. (Region XII A/D Coordinator.)	7/1/79-6/30/80	$900	Same
9--To increase utilization of services by minorities in the regional programs.	I.B. II. III.A. III.B. III.C. III.D. III.E. III.F. III.G.	9a--Conduct outreach activities with Black organizations and agencies serving Blacks. (A/D Regional Coordinators.)	Ongoing	$10,500	NIAAA and NIDA formula, SWSC, and local.
		9b--Conduct mass media efforts aimed at Black substance abusers. (A/D Regional Coordinators.)	Ongoing	$2,000	NIAAA and NIDA formula, SWSC, NIMH, and local.
		9c--Train staff on treating the Black substance abusers. (A/D Regional Coordinators.)	Ongoing	$15,250	NIAAA and NIDA formula, SWSC, NIMH, and STSP.

MINI WORK-PLAN

Program Functional Area: Treatment and Rehabilitation

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
		9d--Provide an outreach office in a predominantly Black community. (Regions V and X A/D Coordinators.)	7/1/79	$40,000	NIAAA and NIDA formula, NIMH, and local.
		9e--Conduct a needs assessment within the Black community. (Region XIII A/D Coordinator.)	7/1/79-8/1/79	$900	Same
		9f--Measure and evaluate length of stay in treatment for Blacks. (Region XIV A/D Coordinator.)	7/1/79	$150	Same

D. Management and Information Systems

The management information system for Mississippi is labeled the Mississippi Substance Abuse Management Information System (MSAMIS) and is the responsibility of the DADA Data Unit. The Date Unit consists of the unit coordinator and a data entry operator. The unit coordinator is directly responsible to the DADA Director but works with all section supervisors on data needs.

The Mississippi Substance Abuse Management Information System is designed to make the most practical and efficient use of scarce treatment, education, and prevention data. The data system will, when complete, consist of treatment data, state hospital data, youth court data, criminal justice data, hospital emergency room data, and school survey data.

The first date base system being developed is the treatment data base. Basically, this system is comprised of a client data file, a programmatic data file, and a fiscal data file. Demographic substance abuse and disposition information are the basic elements of the client data file. The programmatic data file will contain information on the location of resources, number of employees by staff discipline, services offered, etc. The fiscal file will contain information necessary to show how funds are being expended in meeting the program objectives.

Reports are generated from each data system using SAS, SPSS, and other software on an IBM 370/155 OS System. These reports are used in planning and research operations for input into the decision making process for administrative operation. Reports from treatment systems are generated on a monthly basis with the client oriented data base system. Two basic client data inputs and a programmatic input are required from the substance abuse treatment programs. They are as follows:

a. Contact/Intake--contains information on client upon contact, regardless of whether or not treatment follows; basic demographic; substance abuse; and disposition information on client at time of admission.

b. Activity/Discharge-contains basic demographic, substance abuse, outcome information on a client at time of discharge, daily log for each month of information on date of service, type of service, staff discipline providing services, and length of time (minutes) client was provided services.

c. Programmatic Activity--contains summary information on program contacts, intakes, discharges, activities, staffing, and receipts and expenditures.

Client data is also achieved through the Client Oriented Data Acquisition Process (CODAP) for SWSC programs and through National Alcoholism Program Information System (NAPIS) for NIAAA projects.

The MSAMIS aids the Division of Alcohol and Drug Abuse in determining the level of utilization of [illegible] programs. As a monitoring tool, the MSAMIS will enable the Division to determine unit costs of various programs, populations being served, and average length of client participation. Furthermore, the MSAMIS can be used as a decision making tool to identify programs being over-utilized and thus seek additional funds for these programs. The data will also serve as evidence for such need to various funding sources.

The MSAMIS as it now exists is a result of cooperative planning efforts of various representative treatment programs and DADA staff. This group worked to develop a data system which provides adequate information for evaluation and planning purposes but is not an imposition on treatment staff or services. The data committee is currently working to generate output reports which will meet the data needs of the local programs.

The Data Unit Coordinator is a member of the task force of numerous statisticians and data specialists organized by the Health Systems Agency. Through such particpation, the Data Unit Coordinator has had substance abuse as one of the episodes documented by hospital emergency rooms. Therefore, as this data becomes available, it will be added to the total MSAMIS.

MINI WORK-PLAN

Program Functional Area: Management Information System

Previous Year's Objectives	Progress in Completion	Percent Complete
1. To refine the existing MSAMIS forms.	1. The forms were revised by the MSAMIS Task Force. The new forms were printed and placed in operation January 1, 1979. The first quarterly reports from the new forms were generated in April, 1979.	100 percent
2. To develop appropriate output reports.	2. The Program Management Section has begun generating output reports for this State Plan, and other DADA staff are also using desired output reports. MSAMIS Task Force has met once on developing output reports to meet the needs of the treatment programs.	75 percent
3. To prepare and distribute reports to applicable sources.	3. Data reports are being supplied to DADA staff and the Board of Mental Health on a regular basis and to treatment programs upon request. Output reports to the treatment programs have not been distributed on a regular basis.	50 percent

MINI WORK-PLAN

Program Functional Area: Management Information System

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
1--Implement a data system that produces adequate data for future State Plans and for regional programs by: (a) having MSAMIS accepted by all DADA-funded services, (b) collecting data from all DADA-funded programs, (c) producing output reports for DADA staff and all DADA-funded programs, (d) obtaining types of substance abuse episodes from all hospital emergency rooms in Mississippi, (e) collecting data from all substance abuse treatment programs, regardless of funding sources.	I.A. II. III.A. III.B. III.C. III.D. III.E. III.F. III.G. III.H.	1a--Training program staffs on use of MSAMIS. (Data Unit Coordinator.)	1/1/79-12/31/79	$2,500	NIAAA and NIDA formula.
		1b--Generate data from collection forms. (Data Unit Coordinator.)	Ongoing	$6,000	Same
		1c--Select data for output reports. (MSAMIS Task Force.)	7/1/79-11/1/79	$3,000	Same
		1d--Continue cooperation with HSA in developing health care data needs. (Data Unit Coordinator.)	Ongoing	$2,000	NIAAA and NIDA formula, HSA, & various agencies.
		1e--Request data from non-DADA funded programs. (Data Unit Coordinator.)	7/1/80	$2,000	NIAAA and NIDA formula.

E. Research and Evaluation

For programs funded by the Division, evaluation tools include: (1) grants/contracts prepared, reviewed, and approved according to guidelines; (2) Mississippi Minimum Standards for Mental Health Services (MSMHS), sections as applicable; (3) Mississippi Substance Abuse Management Information System; (4) Client Oriented Data Acquisition Process/National Alcoholism Program Information System, as applicable; (5) federal funding criteria, as applicable; (6) required monthly fiscal reports; (7) site visits; and (8) Statewide Services Contract Program Review Manual for SWSC programs.

The grants/contracts guidelines are based on NIDA guidelines on use of 409 and Statewide Services Contract funds. Each grant is reviewed by at least three members of the Division. All staff reviews are compiled and each application is discussed among the reviewers. Based on the written reviews and staff consensus, recommendations are made to approve, to approve with conditions, or to return for further development. The contracts for the Statewide Services Contract funds are prepared by the Statewide Services Contract Project Officer, who is also the Treatment and Rehabilitation Section Supervisor. The final recommendations on the Statewide Services Contracts are made by the staffs of the Program Management and Treatment and Rehabilitation Sections, the Director of the Division of Alcohol and

and Drug Abuse, the Director of the Division of Administration, and the Executive Director of the Department of Mental Health. All grants/contracts are subject to final approval by the Board of Mental Health.

The Mississippi Minimum Standards for Mental Health Services were developed during FY 77. The Standards were implemented in FY 78 with all existing programs being site visited. Also during FY 78, the Certification Committee was formed. The Committee consists of a representative from the Department of Mental Health Divisions of Alcohol and Drug Abuse, Community Services, Mental Health, and Mental Retardation. The Committee is responsible for scheduling certification visits, approving certificates issued, reviewing appeals and requests for waivers, and revising the Standards as necessary. The Standards were revised in FY 79, with the latest edition being included in the Appendix as Exhibit D. On each of the site visits, the site visit team includes at least one representative from each DMH division which has services in the program. For instance, for community mental health centers with a substance abuse program and a mental retardation program, each division is represented. For independent substance abuse programs, only the DADA is represented. The section of the Standards assigned to specific staff is dependent upon the expertise of the staff member. Generally, DADA certification team members are Program Management Section staff members, with assistance,

as needed, from Special Services and Treatment and Rehabilitation Section staffs.

The Mississippi Substance Abuse Management Information System, Client Oriented Data Acquisition Process, and National Alcoholism Program Information System are the management information system tools. Use of the instruments are described in D. Management Information Systems and A. General Administration.

The federal funding criteria are used as guideline tools in the review of grant applications and in the site visits. The enforcement of the federal funding criteria has continued to be the responsibility of the Program Management Section and the Treatment and Rehabilitation Section staffs.

Review of the monthly fiscal reports is the responsibility of the Accounting Unit Coordinator, the Division of Alcohol and Drug Abuse Director, the Secretary to the Director, and the Department of Mental Health Administration Division staff.

The site visits as they exist are to conduct on site visits of certified programs to assure that deficient items have been corrected, to review problems that have arisen, and/or to site visit programs that are not required to comply with the MSMHS. Site visit team members are chosen on a basis of the area being reviewed. For instance, site visit teams generally include Program Management Section staff with Prevention Section staff reviewing training

programs and prevention programs, Treatment and Rehabilitation Section staff reviewing treatment programs, and the Accounting Unit reviewing fiscal areas.

The Statewide Services Contract Program Review Manual is used to review the SWSC programs. Visits are conducted quarterly to each program. In three of the visits, the agenda includes the sections of the Review Manual to assure compliance with the federal funding criteria and a verification of the CODAP reports submitted. The fourth visit is a certification visit using the MSMHS.

The Department of Mental Health and all of its Divisions are subject to audit by the Performance, Evaluation Expenditure Review Committee (PEER) established by the Mississippi legislature. A comprehensive audit of the Department was conducted by PEER in FY 77. Further internal evaluation is provided by monthly meetings of the Board of Mental Health and biweekly meetings of the Division Directors. Progress reports on previously stated objectives are agenda items at each of these meetings. DADA goals and objectives as stated in the Drug State Plan and Alcohol State Plan are measured to determine progress. This procedure also serves an an internal evaluation of the DADA. The DADA has been subject to reviews/evaluations by NIDA through its contracts with Touche-Ross, Inc. The latest report from such visits sites substantial improvement in the monitoring capabilities of the DADA.

One area of scientific research being considered by the DADA is a study of using running therapy as an adjunct to established drug treatment services. The research proposal is being submitted to appropriate approval persons within the DMH and if approved, will be submitted to the Services Research Branch of the Division of Resource Development at NIDA. The proposed research consists of establishing control and experimental treatment groups within various treatment programs. The experimental group will experience a running therapy regime in addition to the standard treatment. A second phase of the proposal will be to measure changes in alcohol/drug consumption by non-treatment populations. Running therapy has been shown to be effective with depression and is hypothesized to decrease alcohol/drug consumption, but this fact has not been established.

MINI WORK-PLAN

Program Functional Area: Research and Evaluation

Previous Year's Objectives	Progress in Completion	Percent Complete
1. To revise grant guidelines to get more specific goals and objectives of the local programs.	1. The grant guidelines were revised. Additional information was received, but most applications lacked the specificity desired. The applications were returned for additional information. While the DADA is obtaining much more specific goals and objectives from the local programs, more specificity is still desired.	85 percent
2. To revise the Minimum Standards for Mental Health Services.	2. The Standards were revised effective October 1, 1978. (Exhibit D)	100 percent
3. To revise MSAMIS and generate output reports.	3. MSAMIS has been revised and accepted by all DADA-funded programs. The MSAMIS Task Force is now selecting items to be included in output reports.	90 percent

MINI WORK-PLAN

Program Functional Area: Research and Evaluation

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
1--To obtain quantifiably measurable goals and objectives and specific progress reports from regional programs in Mississippi.	I.A. I.B. III.A. III.B. III.C. III.D III.E. III.F. III.G. III.H.	1a--Revise grant guidelines. (Treatment and Rehabilitation Section staff.)	12/1/79-2/1/80	$1,000	NIAAA and NIDA formula.
		1b--Follow standard grant review and funding procedures. (Treatment and Rehabilitation Section staff.)	3/1/80-7/15/80	$2,500	Same
2--To assure quality care services through the DADA-funded programs by revising the certification Standards.	I.A. I.B. III.A. III.B. III.C. III.E. III.F. III.G. III.H.	2a--Establish a task force of the Certification Committee and representa- of the Mental Health Center Directors Association, Alcohol/Drug Coordinators Association, and Mental Retardation Program Coordinators Association. (Certification Committee.)	7/1/79-8/31/79	$2,000	NIAAA and NIDA formula, DMH, NIMH, and local.
		2b--Distribute revised Standards. (Certification Committee.)	7/1/79-10/1/79	$500	NIAAA and NIDA formula, and DMH.
3--To develop MSAMIS output reports to be used by all DADA-funded programs.	I.B. II.. III.A. III.B. III.D.	3a--Select data for output reports. (MSAMIS Task Force.)	7/1/79-9/1/79	$3,000	NIAAA and NIDA formula.
		3b--Distribute output reports to the programs. (Data Unit Staff.)	Ongoing (after 10/1/79)	$2,250	Same

MINI WORK-PLAN

Program Functional Area: Research and Evaluation

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
4--To conduct research concerning running therapy as an adjunct to other substance abuse treatment.	III.C. III.E. III.F.	4a--Seek approval by the DMH. (Program Management Section Supervisor.)	7/1/79-7/15/79	$100	NIAAA and NIDA formula, and DMH.
		4b--Make initial contact with NIDA Services Research Branch. (Program Management Section Supervisor.)	7/1/79-7/15/79	$50	NIAAA and NIDA formula.
		4c--Prepare proposal. (Program Management Section staff.)	8/1/79-10/1/79	$1,000	Same
		4d--Conduct study. (Program Management Section staff.)	Dependent upon funding cycle.	$30,000	NIAAA and NIDA formula and NIDA Research.

F. Prevention

Within the Division there exists a differentiation between prevention services and treatment/rehabilitation services which results in the functional organization of the Division. Please refer to the organization chart in I. State Agency Policy and Planning Process. Prevention is defined by the functions of the Preventive Services Section. Components of the definition include training and staff development, education, public information, and closely related activities. Basically, preventive services are those services aimed at deterring the potential substance misusers from such misuse and at deterring the current substance misusers from continued misuse, while treatment services are those services rendered directly to the person already identified as a substance misuser in order to terminate such misuse and aid with problems relating to the misuse.

In regard to prevention, interevention, education, and public information, the DADA is committed to the policy of reaching as many residents of the state as possible. For prevention and intervention services, the Division adheres to the overally policy of using multi-county regional programs. DADA's philosophy is that prevention and intervention services are best rendered through direct formal contacts or through information contacts, preferably on a small group basis. To provide these direct contacts,

the multi-county regions are more strategically located to provide the services. Education and public information services, on the other hand, can be rendered on both regional and statewide bases. The regional programs are able to provide such services to specific target populations, while the DADA can utilize mass media services to provide education and public information services on a statewide basis.

Preventive services are required components of the regional programs. Each of the programs is required to do a need assessment for prevention and to implement prevention services. Past prevention activities have been in cooperation with the local school systems. Other prevention activities included alternative programs and coping programs, such as relaxation training groups and assertiveness training programs.

The descripton of prevention activities will be provided through descriptions of the prevention categories.

Information--Information efforts conducted outside the DADA and DADA supported programs include public information efforts of the Bureau of Narcotics and local law enforcement agencies and information services within the education system.

Within the DADA Prevention Services Section, the Clearinghouse stocks and daily distributes a wide assortment of drug abuse pamphlets and posters including those targeted for women, youth, minorities, and the elderly. These

materials are received by community mental health centers, schools, civic groups, police departments, health departments, and individuals in the state. Reviewing and purchasing alcohol and drug abuse 16mm films is a major function of the Clearinghouse. The films are stocked and distributed by the Mississippi State Board of Health Film Library, since it has the facilities to keep the films in good working condition. Last year these films were shown 1,763 times to an estimated 53,351 people throughout Mississippi. RUSHES, the monthly newsletter of the Division of Alcohol and Drug Abuse, has a circulation of 1,800, up 100 from last year. Its recipients include lay and professional persons, both in and out of the state. Its primary emphasis is on state news with national events receiving secondary attention. RUSHES runs a regular editorial column and a regular clinically oriented column, both written by various individuals outside the Division. The Clearinghouse utilizes the various media publicizing significant alcohol and drug news throughout the state.

The Clearinghouse was responsible for the creation of the education pamphlet on the parental consent legislation (Exhibit H). In addition, an information pamphlet describing the Division of Alcohol and Drug Abuse and its functions was created and distributed. (Exhibit A.)

The Preventive Services Section has surveyed existing available films and printed materials in order to update

available prevention resources. The DADA acquired films targeted to rural Blacks, women, youth, elederly, and the general population. These films have been shared with the substance abuse coordinators so that they would be aware of the new resources available to them from the Division free of charge. Also, new pamphlets and brochures have been reviewed and shared with the substance abuse coordinators and other substance abuse constituents. Several were purchased in quantity for the substance abuse programs, school use, other agencies and civic groups. Pamphlets which target women, youth, and Blacks have been purchased.

During FY 79, prevention activities targeted toward Indians were developed. Two posters which were culturally directed toward the Indian population were produced (Exhibit G).

The DADA is keeping the public informed of prevention and/or early intervention programs through television, radio, newspapers, advisory councils, and presentations through talks, films, and seminars given by the Division of Alcohol and Drug Abuse, and also through alcohol and drug abuse programs across the state in each of the 15 regions. These programs have been presented to law enforcement/court, school groups, civic groups, and other agency groups. By FY 80, prevention data, which is now being merged with the Mississippi Substance Abuse Management Information System, will be available to show the number of times

an activity has been done, the number of participants, and the number of prevention and education activities targeted to youth, women, and minorities.

The performance of the public information services can best be represented through its national recognition. At the National Association of Mental Health Information Officers (NAMHIO) convention in Chicago in September, 1977, the State Drug Authority won three awards. NAMHIO requested representation from the Division at their annual meeting in September, 1978, because of these awards. This representative served on the planning committee for the upcoming prevention cmapaign for NAMHIO. The Division participated in NIDA's National Media Search, and its creative media efforts are included in NIDA-published booklet Drug Abuse Prevention Campaign Materials by the States (pages 7-9).

During September, 1978, a statewide media campaign was conducted to research women substance abusers. To measure the effectiveness of this campaign, admission data was compared for 1977 admissions for October and November and for 1978 for the same months. The following is a result of that comparison:

Month	1977 Precent Female In Caseload	1978 Percent Female In Caseload
October	13.9%	18.2%
November	16.9%	22.4%
December	18.8%	20.1%

While these results will not prove to be significantly correlated, they do show an increase in female utilization following the media campaign.

Education--The Division of Alcohol and Drug Abuse provides education services directly on a limited basis and extensively through the programs funded by the NIAAA and NIDA formula funds. The DADA has worked directly with the Prevention Program Section of DEA to provide a prevention workshop and to form a task force within the Jackson Public School System. The task force was responsible for developing substance abuse policies for the school systems (Exhibit F). DADA works with the Department of Education providing technical assistance, training and resource materials to the Department of Education staff. Other DADA activities have included training of prevention staff in the local programs. Training courses have included the NDAC course entitled Prevention: a Course for Local Program Survival and Community-Based Prevention Specialist.

The local programs are required through the grant application guidelines to provide prevention services, including education services. The education activities provided by the local programs include Teacher Effectiveness Training, Parental Effectiveness Training, values clarification, assertiveness training, problems solving skills training, divorce adjustment, relaxation/stress management, etc. Such activities are conducted for teachers, administrators, parents, youth, and the general population. The education activities are provided through ongoing education groups with the programs, workshops/seminars, and presentations to womens' groups, schools, clubs, etc.

The Jackson State University Alcohol and Drug Studies Center is conducting a CETA funded prevention project that includes education activities. In a primarily black residential area of Jackson, the staff has conducted group and door-to-door contacts. In contacts these the staff provides information about substance abuse, information on available services, education about self-help and improvement skills, and alternatives.

Alternatives--The DADA does not provide directly any alternative prevention activities. Through the formula funds, the DADA supports limited alternative activities through the local programs. Such alternatives include sponsoring recreational activities such as races and youth activity groups and working with established groups such as YWCA/YMCA, Boys Clubs, Association of Retired Persons, etc.

The Division of Alcohol and Drug Abuse has provided funds for a private nonprofit organization called Big Brothers and Big Sisters of Jackson, Inc., as another one of its prevention efforts. Big Brothers and Big Sisters provides social services to 150 children. They make every effort to eliminate or reduce the incidence of juvenile delinquency and substance abuse and improve the self-image and self-concept of each child enrolled in the program by the following ways:

a. By providing volunteers who have been assessed as having the capability to work with the child

in a manner that will allow him to gain the trust and friendship of the child and to be a model for the child.

b. By making an effort to reduce or eliminate the incidence of alcohol and substance abuse by parent and/or child through counseling and referral to the appropriate agencies.

c. By having staff participate in the Division of Alcohol and Drug Abuse training programs when applicable.

d. By involving the child in cultural, education, and fun activities, thus enriching his mental and emotional growth and development, and at the same time establishing a rapport between the adult and child.

e. By counseling the family on matters directly or indirectly concerning the welfare of the child.

f. By encouraging volunteers and requiring staff members to participate in mental health and youth-oriented training programs and workshops.

g. By conducting awareness workshops for Big Brothers and Big Sisters volunteers to help them recognize signs and symptoms of substance abuse.

The purpose of Big Brothers and Big Sisters is to serve youth 6 to 17 years of age who have no father and/or no mother or other consistent adult relationship available

to them. This agency does not intend for the volunteers to become substitute parents; but, in working with the adult volunteers, they are special, caring adult friends who together with the parent serve as role models.

Of the alternative prevention efforts occurring in Mississippi, the Jackson State University Alcohol/Drug Prevention and Education Project is also one of the more active programs. This project is conducted through the Jackson State University Interdisciplinary Alcohol and Drug Studies Center through CETA funding. This project was also mentioned as an education prevention program. However, the program also provides alternative activities in the predominantly black residential area. Alternative activities include a reading club, sewing club, softball club, yard and gardening club, alcohol/drug rap sessions, square dances, films, and Bible studies. Due to the area population, the program has been effective in maintaining contacts with minority youth and minority women. In addition to alternative activities described above, the program conducted follow-up home visits. In such visits, the program assisted with basic needs, such as clothing, food, health, and transportation.

Intervention--The Division's intervention prevention activities include court and diversionary programs, employee assistance programs, training ministers for early detection, and supporting Big Brothers and Big Sisters. A description

of the court and diversionary program can be found in h. Criminal Justice Interface.

DADA uses employee assistance programs (EAP) for early intervention. The Special Services Section Supervisor assists the regional programs in developing EAP's in the local businesses and industries. He also coordinates quarterly meetings and training programs regarding EAP programming for the regional coordinators. Each of the regional programs is expected to respond to the need for EAP. The Division's policy in regard to EAP programming is that an employee assistance program should be broad in its approach to target groups and focus on troubled employees rather than employees with specific problems. By doing so, the program is able to detect drug abusers, alcohol abusers, and/or persons with mental or emotional problems.

A Ministers' Workshop on alcohol/drug education was sponsored by the Division of Alcohol and Drug Abuse in conjunction with the Jackson State University Interdisciplinary Alcohol/Drug Studies Center. A task force of ministers was brought together to plan for the upcoming workshop. They decided that it would be of help to them if three workshops were held because they could not take three consecutive days away from their ministry. The content of the workshop is as follows:

> Workshop I--Session A, "Basic Alcohol/Drug Education." The objectives of this workshop were to provide an understanding of the following: (1) basic overview of alcohol/drug use and abuse, (2) classification

of drugs, (3) basic issues in health care, (4) pharmacological and psychological effects of alcohol and drugs, (5) physical aspects of alcohol and drug misuse, and (6) recognition of drug troubled persons.

Workshop I-Session B, "Referral Techniques and Resources." This session was designed to identify and and discuss crisis intervention strategies; barriers to the use of and existence of alcohol/drug treatment services; to introduce the participant to differential types/modalities of services available in the alcohol/drug field; and to increase the participants' awareness of alcohol/drug treatment, training, and prevention services available in the state of Mississippi in general and in their specific regions.

Workshop II--Session A and B, "Basic Pastoral Counseling Techniques." These sessions provided basic theories of the development of personality and behavior disorders; fundamental principles and methods used in counseling; etiological factors in the development of chemical addictions and their implications for counseling; developing an understanding of the alcoholic or addict and the requirements for effective counseling; discussion of various attitudes, feelings, and concepts in regard to substance use, misuse, non-use, and addiction, and counseling and the alcoholic/addict, spouse, and family.

Workshop III--Session A, "The Family and Substance Use, Misuse, and Abuse." This session analyzed the impact of alcohol/drug use, misuse, and abuse on the individual and the family. Characteristics of alcohol or drug dependent individual and families were reviewed; strategies for strengthening or enhancing family growth were discussed; techniques for increasing a family's therapeutic capabilities, including problem-solving skills were outlined; resources for home, school, and community programs were identified and participants analyzed a family in their congregation and developed an intervention strategy.

Workshop III--Session B, "Legislative Control and Community Involvement." This session involved an exploration of conflicting medical and legal orientation toward chemical addiction through an analysis of concepts of chemical addiction and concepts of formal social control. Social and deviant drinking patterns, drinking norms, drug use, legal controls and sanctions on alcohol/drug use were examined. This session also provided an opportunity for participants to analyze the religious community's unique role in alcohol/drug misuse prevention and treatment, especially in

regard to removing barriers to communication on the range of ethnical considerations and emotional attitudes related to alcohol/drug problems, developing responsible attitudes and behavior; and using the church as a member of the community's "treatment team" of resources for chemically dependent persons and their families and an avenue for alcohol/drug education that can enhance alcohol/drug misue prevention.

A total of 35 ministers have participated in all three workshops, and an evaluation form was given to all participants present. The feedback received is that the workshops should be offered again with new ministers. They felt that ministers play a very important role in the total treatment system and that they should be made a part of this system. They stated that in many instances they are the first person that the alcohol/drug abusers and/or their families contact to help them deal with the problem.

Big Brothers and Big Sisters of Jackson, Inc. is funded by the DADA as both an alternatives an an intervention prevention activity. A description of this program and its objectives is located in the Alternatives Section earlier in the description of prevention.

In addition to the court and diversionary programs and the employee assistance programs, the local programs work with other types of intervention services. When existent, the programs have affiliation agreements with local hot lines or crisis lines, crisis centers, child abuse hot lines, and women's crisis centers.

MINI WORK-PLAN

Program Functional Area: Prevention

Previous Year's Objectives	Progress in Completion	Percent Complete
General		
1. Continue existing prevention services through the regional programs.	1. The programs were funded as scheduled. A description of the type services offered is included in the prevention narrative. Figure 30 indicates the total number of prevention activities for 1978. Figure 31 indicates the number of activities by target group and type of presentation for the first quarter of 1979. Prevention data will be presented in the future as it is in Figure 31. Technical assistance has been provided to the local programs.	100 percent
Information		
1. To conduct public information services	1. Public information services were offered through DADA mass media efforts, local program mass media efforts, and distribution of films, posters, and pamphlets. RUSHES continues to be published with a circulation of 1,800. A Drug Prevention Campaign was conducted statewide during FY 79. A pamphlet describing DADA was developed for public knowledge (Exhibit A).	100 percent
2. To conduct information services aimed at women.	2. A film targeted toward women has been purchased. A special media effort targeted to women on prescription abuse was conducted in September, 1978. The results of the follow-up are found in the Information Section of the prevention narrative.	100 percent

FIGURE 30

Prevention Programs--Mental Health/Mental Retardation Regions

1978 Prevention Activities

Program	Number of Sessions	Number of Staff Hours	Number of Participants
I	404	883	1,212
II	1,332	1,263	2,467
III	438	841	3,303
IV	1,687	1,126	2,634
V	2,004	1,956	4,399
VI	326	831	1,960
VII	481	1,716	12,023
VIII	-	-	-
IX	3,098	6,197	18,934
X	52	107	4,473
XI	530	924	25,335
XII	155	342	1,758
XIII	344	1,141	10,696
XIV	1,818	2,605	6,591
XV	797	1,670	6,411
Alcohol Services Center	352	884	1,434
TOTAL	13,800	22,486	103,630

	Number of Events	Number of Participants	Number of Events by Target Group		
			Youth	Women	Minorities
REGION I					
Mass Media	8	-	0	0	0
Law Enforcement/Court	22	68	19	19	22
School	21	836	19	19	19
Civic Group	2	60	2	2	0
Other Group	0	0	0	0	0
REGION II					
Mass Media	8	-	5	5	6
Law Enforcement/Court	1	8	1	1	1
School	1	125	1	1	1
Civic Group	2	17	2	2	2
Other Group	11	395	8	7	7
REGION III					
Mass Media	4	-	0	0	0
Law Enforcement/Court	3	8	0	0	0
School	0	0	0	0	0
Civic Group	4	44	0	0	0
Other Group	256	442	0	1	2
REGION IV					
Mass Media	5	-	2	2	2
Law Enforcement/Court	63	170	2	2	2
School	4	200	4	1	1
Civic Group	0	0	0	0	0
Other Group	3	85	1	0	0
REGION V					
Mass Media	9	-	5	5	5
Law Enforcement/Court	14	46	14	12	12
Schoo	7	73	7	5	7
Civic Group	12	498	9	11	11
Other Group	5	12	5	5	5
REGION VI					
Mass Media	1	-	0	0	0
Law Enforcement/Court	1	11	0	0	0
School	4	98	4	0	0
Civic Group	0	0	0	0	0
Other Group	1	15	0	0	0
REGION VII					
Mass Media	6	-	4	3	1
Law Enforcement/Court	36	1,075	1	6	27
School	12	5,800	11	10	5
Civic Group	3	230	1	1	1
Other Group	1	200	1	0	0
REGION IX					
Mass Media	2	-	2	0	1
Law Enforcement/Court	0	0	0	0	0
School	8	847	6	0	2
Civic Group	2	120	2	0	0
Other Group	12	1,687	2	0	10
REGION X					
Mass Media	0	-	0	0	0
Law Enforcement/Court	0	0	0	0	0
School	11	1,498	5	1	1
Civic Group	0	0	0	0	0
Other Group	0	0	0	0	0

Figure 31 1979 Prevention Activities (January, 1979 through March 1979)
CONTINUED

	Number of Events	Number of Participants	Number of Events by Target Group		
			Youth	Women	Minorities
REGION XI					
Mass Media	12	-	12	12	12
Law Enforcement/Court	39	151	0	0	0
School	18	1,380	18	18	18
Civic Group	8	350	0	8	0
Other Group	3	77	0	0	3
REGION XII					
Mass Media	0	-	0	0	0
Law Enforcement/Court	0	0	0	0	0
School	4	200	4	0	0
Civic Group	3	40	1	0	0
Other Group	0	0	0	0	0
REGION XIII					
Mass Media	2	-	0	0	0
Law Enforcement/Court	4	78	0	0	0
School	6	845	0	0	0
Civic Group	0	0	0	0	0
Other Group	0	0	0	0	0
REGION XIV					
Mass Media	30	-	3	3	2
Law Enforcement/Court	16	52	0	10	0
School	7	257	7	11	4
Civic Group	4	86	4	4	2
Other Group	11	189	11	11	11
REGION XV					
Mass Media	0	-	0	0	0
Law Enforcement/Court	2	4	0	0	0
School	0	0	0	0	0
Civic Group	5	111	0	5	5
Other Group	0	0	0	0	0
ALCOHOL SERVICES					
Mass Media	110	0	0	0	0
Law Enforcement/Court	2	8	2	0	0
School	9	80	9	0	0
Civic Group	1	20	0	0	1
Other Group	4	320	0	0	0

MINI WORK-PLAN

Program Functional Area: Prevention

Previous Year's Objectives	Progress in Completion	Percent Complete
3. To conduct information services targeted for minorities.	3. A film targeted toward rural blacks has been purchased. Two culturally directed prevention posters posters were developed by the DADA and the Mississippi Band of Choctaw Indians (Exhibit G). Technical assistance has been provided to the Choctaws in the development of their program.	100 percent
4. To conduct information services targeted for youth.	4. Three pamphlets targeted toward youth and/or parents were purchased for distribution. A pamphlet supporting the passage of the parental consent legislation was developed (Exhibit H).	100 percent
Education		
1. To work with education systems in prevention activities.	1. DADA staff worked with the Department of Education in providing technical assistance and resource materials. The Prevention Section Supervisor was part of the task force that developed the School Drug Policy for the Jackson Public School System (Exhibit F).	100 percent
2. To train local staffs in education prevention activities.	2. NDAC course Prevention: A Course for Local Program Survival and Community Based Prevention Specialist has been conducted.	100 percent
Alternatives		
1. To provide alternative prevention activities for minority youth and minority females.	1. DADA has funded Big Brothers and Big Sisters of Jackson, Inc., a predominantly black organization, to provide services to youth. A description is found in the narrative. The CETA project through Jackson State University Alcohol/Drug Studies Center conducted extensive alternative activities in a predominantly black residential area of Jackson. A description is found in the narrative.	100 percent

MINI WORK-PLAN

Program Functional Area: Prevention

Previous Year's Objectives	Progress in Completion	Percent Complete
Intervention		
1. To develop employee assistance programs through the regional programs.	1. All regional programs have established employee assistance programs. There are currently 84 employee assistance programs, serving approximately 42,000 employees.	100 percent
2. To train ministers to become cognizant of substance abuse problems among their parishioners.	2. Thirty-five ministers participated in a three-phase training program aimed at helping clergy recognize symptoms of substance abuse, counsel as appropriate, and refer when needed.	100 percent
3. To provide intervention services to minority youth.	3. DADA provided funding of Big Brothers and Big Sisters of Jackson, Inc, which a serves predominantly black population. A description of the program can be found in the narrative.	100 percent

MINI WORK-PLAN

Program Functional Area: Prevention

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
General					
1--To obtain more specific data about prevention acitivites in Mississippi.	I.A. II. III.A. III.D. III.E. III.F.	1a--Use the current MSAMIS program activity form to determine type of preven-activity and target population and tabulate on a periodic basis, at least annually. (Data Unit Coordinator.)	1/1/80	$3,000	NIAAA and NIDA formula.
		1b--Require more specific information regarding prevention from the regionals programs in the FY 81 grant applications. (Treatment and Rehabilitation staff.)	6/15/80	$500	Same
Information					
1--To present information on drug abuse to the general public.	I.A. III.F.	1a--Conduct DADA and locally sponsored mass media efforts through local newspapers, radio, and television. (Prevention Section staff and local A/D Coordinators.)	Ongoing	$6,000	Same
		1b--Give talks to civic clubs, church, agencies, etc. (Local A/D Coordinators.)	Ongoing	$10,000	NIAAA and NIDA formula, NIMH & local.

MINI WORK-PLAN

Program Functional Area: Prevention

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
		1c--Continue to distribute films, pamphlets, and posters. (Prevention Section staff.)	Ongoing	$15,000	NIAAA and NIDA formula, STSP, State Manpower Development Program (SMDP).
		1d--Continue to publish RUSHES. (Prevention Section staff.)	Ongoing	$6,000	NIAAA and NIDA formula.
		1e--Publish the Treatment Resources Manual, (Prevention Section staff.)	7/1/80	$2,000	NIAAA and NIDA formula, & STSP.
		1f--Participate in the Drug Abuse Prevention Campaign by acquiring the Governor's proclamation and coordinating mass media efforts. (Prevention Section staff.)	12/3/79	$2,000	Same
2--To generate information prevention activities targeted toward women.	I.B. II. III.A. III.F.	2a--Obtain and distribute films, pamphlets and/or posters targeted to women. (Prevention Section staff.)	Ongoing	$1,000	NIAAA and NIDA formula, STSP & SMDP.
		2b--Make presentations to womens' clubs. (A/D Coordinators.)	Ongoing	$3,000	NIAAA and NIDA formula, NIMH & local.

MINI WORK-PLAN

Program Functional Area: Prevention

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
3--To generate information prevention acities targeted toward racial minorities.	I.B. II. III.A. III.F.	3a--Develop and distribute at least two culturally related prevention posters. (Prevention Section staff.)	8/31/79	$1,000	NIAAA and NIDA formula.
		3b--Make presentations to black organizations and churches. (A/D Regional Coordinators.)	Ongoing	$3,000	NIAAA and NIDA formula, NIMH, & local.
		3c--Obtain and distribute films, pamphlets, and/or posters targeted to racial minorities. (Prevention Services Section staff.)	Ongoing	$1,000	NIAAA and NIDA formula, STSP, & SMDP.
4--To generate information prevention activities targeted toward youth.	I.B. II. III.A. III.F.	4a--Obtain and distribute films, pamphlets, and/or posters targeted to youth. (Prevention Section staff.)	Ongoing	$1,000	Same
		4b--Make presentations to to youth groups and at schools. (Regional A/D Coordinators.)	Ongoing	$3,000	NIAAA and NIDA formula, NIMH local.
		4c--Publish a "back-to-school" issue of RUSHES. (Prevention Section staff.)	10/1/79	$500	NIAAA and NIDA formula, STSP & SMDP.
5--To generate information prevention activities for elderly	I.B. II. III.A. III.F.	5a--Obtain and distribute films, pamphlets, and/or posters targeted toward elderly. (Prevention Section staff.)	Ongoing	$1,000	Same

MINI WORK-PLAN

Program Functional Area: Prevention

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
		5b--Make presentations to programs serving the elderly and such organizations as Association of Retired Persons. (Regional A/D Coordinators.)	Ongoing	$3,000	NIAAA and NIDA formula, NIMH, & local.
		5c--Use the NIDA Elderly Education Package. (Prevention Section staff.)	10/31/79	$2,000	NIDA formula.
		5d--Coordinate activities with Council on Aging. (Prevention Section staff.)	Ongoing	$250	NIAAA and NIDA formula.
6--To generate information prevention activities for young women.	I.B. III.A. III.F.	6a--Develop materials. (Region X A/D Coordinator.)	7/1/79	$100	NIAAA and NIDA formula & local.
		6b--Present program to high school and junior high school girls' physical education classes. (Region X A/D Coordinator.)	9/1/79-5/30/80	$250	Same
Education					
1--To increase education prevention activities available for youth.	I.B. III.A. III.F.	1a--Sponsor with JSU Alcohol/Drug Studies Center for NCAE You, Youth, and Prevention package. (Prevention Section staff and Alcohol/Drug Studies Center staff.)	7/1/79-7/14/79	$2,000	NIAAA and NIDA formula, STSP, & NIAAA.
		1b--Assist the Department of Education in its prevention efforts. (Prevention Section staff.)	Ongoing	$500	NIAAA and NIDA formula, & DE.

MINI WORK-PLAN

Program Functional Area: Prevention

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
		1c--Establish consultation relationships with school superintendents. (Prevention Section staff, and Regional A/D Coordinators.)	Ongoing	$250	NIAAA and NIDA formula, NIMH, & local.
		1d--Conduct parenting skills classes. (Regional A/D Coordinators.)	Ongoing	$6,000	Same
Intervention					
1--To provide general intervention activities by: (a) conducting training of ministers, (b) establishing employee assistance programs, (c) establishing court referral programs, and (d) training local agencies.	I.B. III.A. III.B. III.F. III.G. III.H.	1a--Sponsor with JSU Alcohol/Drug Studies Center a training program for ministers. (Prevention Section staff & A/D Studies Center staff.)	5/30/80	$1,500	STSP & SMDP
		1b--Maintain existing EAPs and establish at least 20 new ones. (Special Services Section Supervisor and A/D Regional Coordinators.)	7/1/80	$7,000	NIAAA and NIDA formula.
		1c--Maintain referral relationships with local courts. (A/D Regional Coordinators.)	Ongoing	$5,000	NIAAA and NIDA formula, NIMH, SWSC, and local.
		1d--Training local agencies such as clergy, welfare, hotlines, crisis centers, etc. in intervention skills (A/D Regional Coordinators.	Ongoing	$3,000	Same

2

MINI WORK-PLAN

Program Functional Area: Prevention

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
2--To provide intervention services for youth.	I.B. III.A. III.B. III.F. III.H.	2a--Establish referral systems with schools. (A/D Regional Coordinators.)	Ongoing	$3,000	NIAAA and NIDA formula, NIMH, & local.
		2b--Establish referral sytems with youth courts. (A/D Regional Coordinators.)	Ongoing	$3,000	Same
		2c--Establish referrals from other agencies such as YWCA and YMCA. (A/D Regional Coordinators.)	Ongoing	$1,500	Same
		2d--Review Big Brothers & Big Sisters for continued funding. (Program Management Section staff.)	8/1/79	$750	NIAAA and NIDA formula.
3--To conduct the program for second offenders for marijuana possession in at least 15 locations.	I.B. II. III.A. III.B. III.F. III.H.	3a--Submit proposals for programs. (A/D Regional Coordinators.)	7/1/79-3/1/80	$5,000	Same
		3b--Review proposals. (Prevention Section and Special Services Section staffs.)	8/1/79-4/1/80	$1,000	Same
		3c--Conduct programs as approved. (A/D Regional Coordinators.)	8/1/79-Ongoing	$7,000	NIAAA and NIDA formula & local.

G. Training

The Division's training coordination is the responsibility of the Prevention Section staff and is funded through a STSP contract. A copy of the STSP contract is included in the Appendix as Exhibit I.

In addition to the items described in the contract, the DADA staff has worked with other DMH divisions and other agencies in developing a proposal for a state manpower development plan for mental health. Also, the DADA has submitted a proposal to NIAAA for a State Manpower Development Program (SMDP) in order to expand its training capabilities.

The STSP contract describes training efforts to assure staffs are trained to works with women, youth, and minorities. To assure the development of minority professionals, DADA also continues to work with the Jackson State University Alcohol/Drug Studies Center. Jackson State University is a predominantly black university located in Jackson, Mississippi.

MINI WORK-PLAN

Program Functional Area: Training

Previous Year's Objectives	Progress in Completion	Percent Complete
1. To contact new programs to determine their interest in participating in the training system. 2. To have employees who completed the needs assessment prior to July, 1977, complete a new and updated form and to have new new employees and new programs complete the needs assessment form. 3. To generate individual and program profiles so that programs will reestablish priorities to reflect the updated needs assessment analysis. 4. To continue to provide scholarships to qualified individuals to attend the Southeastern School of Alcohol and Drug Studies and other training events. 5. To provie National Drug Abuse Center (NDAC) courses: (a) to schedule FY 79 courses and (b) negotiate for college and/or continuing education credits for NDAC courses.	1-5 See STSP FY 80 contract attached as Exhibit I in the the Appendix.	

MINI WORK-PLAN

Program Functional Area: Training

Previous Year's Objectives	Progress in Completion	Percent Complete
6. To continue to provide technical assistance to Jackson State University Alcohol/Drug Studies Center.	6. a. The Division of Alcohol and Drug Abuse has provided technical assistance to JSU Alcohol/Drug Studies Center. b. DADA has provided and supported, through media, materials, funds, etc., the Mississippi School of Alcohol and Drug Studies which was held at Jackson State University.	100 percent 100 percent

MINI WORK-PLAN

Program Functional Area: Training

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
1--To implement the STSP Contract.	I.B. III.A. III.B. III.C. III.F. III.G. III.H.	1--See STSP Contract in the Appendix as Exhibit I. (Prevention Section staff.)	7/1/79-6/30/80	$36,000	STSP
2--To implement the SMDP Contract.	I.B. III.A. III.C. III.F. III.G. III.H.	2a--Obtain approval and and funding from NIAAA. (Prevention Section staff.) 2b--Implement contract as written. (Prevention Section staff.)	9/1/79 10/1/79-9/30/80	- 0 - $30,000	N/A SMDP

H. Criminal Justice Interface

Recognizing that numerous persons involved with the criminal justice system are also involved in drug abuse, DADA adheres to the policy of working with law enforcement and criminal justice systems. Each regional program is required to work closely with the law enforcement and criminal justice systems at the local level, including establishing referral systems and having law enforcement persons on the regional advisory councils.

At the state level, criminal justice interface includes DADA cooperation with the Department of Corrections and the Criminal Justice Planning Division (CJPD) of the Governor's Office. The Division of Alcohol and Drug Abuse has worked with and funded the Department of Corrections for the operation of the Alcohol and Drug Abuse Program at the State Penitentiary. The Division has worked with this program to assure tht it complies with the Minimum Standards for Mental Health Services and to assure working relations with local programs.

In regard to CJPD, the Special Services Section Supervisor is a designated liaison person to meet with CJPD. The Special Services Section Supervisor, at least monthly, meets with CJPD's staff and has frequent contact with the the CJPD liaison person to the DADA. A CJPD staff member is a member of the DADA Drug Advisory Council. A cooperative agreement has existed between CJPD and the DMH since 1976.

A copy of the agreement can be found as Exhibit K in the Appendix.

Results of cooperative efforts with CJPD are described below. First, CJPD provided technical assistance in developing the guidelines for proposals to offer educational programs to second offenders for marijuana possession (Exhibit J). Another area of cooperation between the two agencies has to do with funding the expansion of the DUI Probation Counselor Program. Several meetings were held between DADA and CJPD concerning this expansion. Seeing the possible merit of a court misdemeanor programm several other meetings were held with selected municipal judges, prosecuting attorneys, and probation counselors. In addition, a larger meeting consisting of all the DOT/DUI Project city judges, chiefs of police, probation counselors, mental health center treatment personnel, DADA and CJPD staffs, and the Mississippi State University Social Science Research Center staff, under whose direction the project has operated was held. From the meeting a concensus was reached that an ad hoc task task force made up of municipal judges, prosecuting attorneys, and MSU and DADA staff members should seek to meet with the Director of CJPD to pursue the possibility of funding the program after December 31, 1979. This task force met with the Deputy Director of CJPD who directed a staff member to see that a concept paper was developed and sent to LEAA. Should the paper be accepted, then DADA will assist CJPD and MSU project staff in submitting a full proposal.

The following is an abstract of the concept paper submitted to CJPD:

A system has been developed in 11 Mississippi cities, under the DUI Probation Follow-up Project, that has succeeded in linking law enforcement, judicial, and rehabilitation agencies through probation counselors. Under the proposed program, the emphasis of the system would be shifted from the DUI/DWI offender to other types of misdemeanor offenders, and the probation counselors would be termed Case Management Specialists (CMS). Although systems of misdemeanor probation have operated in some larger city courts for a number of years, few smaller city courts have had an opportunity to develop this approach.

Eight small Mississippi municipalities have expressed interest in implementing an alternative sentencing and treatment approach for handling some types of misdemeanor offenses, such as family disturbance, simple assault, shop-lifting, public drunk, and substance abuse cases. The elements of the proposed program include pre-sentence investigation reports, alternative sentencing, pre-trial diversion of some cases, systematic intake and screening procedures, treatment referral, supervised probation of some cases, and monitoring and reporting procedures.

With the assistance of CJPD, the State Penitentiary Alcohol and Drug Abuse Program has applied for funding from LEAA through CJPD for the Standards Implementation Program. This project will provide screening, identification and treatment services to alcohol/drug abusing offenders within the Mississippi Correctional System. The proposal was found to be in compliance with the Division's State Plans, and that it will provide quality services.

DADA is working with the Mississippi Judicial College regarding using CJPD funds to send a judge to the University of Nevada at Reno Alcohol and Drug Speciality Session. The Division has already sponsored one judge to attend and is scheduling to sponsor another.

In general the DADA is actively involved with other areas of criminal justice. As previously mentioned, the DADA has sponsored attendance to the Alcohol and Drug Speciality Session at the University of Nevada at Reno. The first judge sent was recommended by the Hinds County TASC. This training has been well received by the municipal judges.

DADA has continued to assist and fund the State Penitentiary Alcohol and Drug Abuse Program. The DADA staff provides on an as needed basis both technical assistance and training to the local TASC which is now supported by the Hinds County Board of Supervisors. The TASC Director and Penitentiary Alcohol/Drug Director both attend the quarterly meetings sponsored by DADA.

Just as the DADA is actively involved in criminal justice interface so are the DADA funded programs at the local level. The DADA grant guidelines require the programs to have court and diversionary programs.

The local programs are expected to be the agencies operating the educational programs for the second offenders for marijuana possession (Exhibit J). Furthermore, these local programs have established referral systems with city jails, county jails, police, courts, adult detention centers, youth detention centers, county restitution centers, TASC (as available), probation counselors, and the State Penitentiary Alcohol and Drug Abuse Program. Many of the programs conduct court screenings and/or jail visits and make recommendations to the sentencing judges. The programs also maintain criminal justice interface by having criminal justice representation on the advisory councils and through regular contacts with criminal justice agencies. Such contacts are maintained with city police, sheriffs, city and county judges, justices of the peace, youth court judges, and prosecuting attorneys. Through accepting referrals from youth courts and youth detention centers, these programs increase the services provided to youths.

The final criminal justice interface is through training. The local programs provide training to local police departments on recognizing and dealing with potential drug abuse hazards.

MINI WORK-PLAN

Program Functional Area: Criminal Justice Interface

Previous Year's Objectives	Progress in Completion	Percent Complete
1. To maintain coordination and cooperation with CJPD.	1. CJPD and DADA staff have continued their regular meetings. CJPD is represented on the DADA Drug Advisory Council.	100 percent
2. To continue the Alcohol and Drug Abuse Program at the Mississippi State Penitentiary.	2. The program has continued to receive its funding. It has been certified as being in compliance with MSMHS. Statistics on the program can be found in II. Analysis of Needs Assessment Data.	100 percent
3. To develop guidelines for the education program for second offenders for marijuana possession.	3. The guidelines have been developed and one proposal has been submitted but returned for further development.	50 percent
4. To assist in the continuation of TASC.	4. Technical assistance has been provided and TASC staff have participated in DADA training.	100 percent
5. To maintain criminal justice interface at the local level.	5. The local programs have maintained referral systems from the local courts and jails, have trained local law enforcement staffs and work regularly in planning with judges and police. One of the alcohol and drug coordinators had the opportunity to present to the Mississippi Law Enforcement Association in June, 1979.	100 percent
6. To obtain training for the municipal judges.	6. One judge has attend the Alcohol and Drug Speciality Session at the University of Nevada at Reno and has recommended attendance by other judges. A survey was conducted at the Mississippi Municipal Judges Seminar regarding training on alcohol and drug abuse. The the results of the survey are found in the Appendix as Exhibit L.	100 percent

MINI WORK-PLAN

Program Functional Area: Criminal Justice Interface

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
1--To continue the coordination and cooperation with CJPD.	I.B. III.B. III.H.	1a--Continue the meetings with CJPD Personnel. (Special Services Section Supervisor.)	Ongoing	$500	NIAAA and NIDA formula, & CJPD.
		1b--Maintain CJPD representation on the Adivsory Council. (Special Services Section Supervisor.)	Ongoing	$100	CJPD.
		1c--Exchange data of interest to each agency. (Special Services Section Supervisor & Data Unit Coordinator.)	Ongoing	$200	NIAAA and NIDA formula, & CJPD.
2--To assist CJPD and MSU Social Science Research Center in submitting a concept paper to LEAA for funding.	I.B. III.B. III.C. III.F. III.H.	2a--Provide liaisons between the agencies. (Special Services Section Supervisor.)	7/1/79	$200	NIAAA and NIDA formula, CJPD, & DOT.
		2b--Review draft of paper and make recommendations as necessary. (Special Services Section Supervisor.)	7/15/79	$50	NIAAA and NIDA formula.
		2c--Submit completed paper to CJPD. (Social Science Research Center staff.)	7/31/79	$150	DOT.
		2d--If concept paper is accepted then a proposal will be submitted. (Social Science Research Center.)	9/1/79-10/31/79	$300	DOT

MINI WORK-PLAN

Program Functional Area: Criminal Justice Interface

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
3--To provide training to Mississippi judges on alcohol and drug abuse.	I.B. III.B. III.F. III.G. III.H.	3a--Assist the Mississippi Judicial College in Planning for an Alcohol and Drug Program for the annual meeting of the Mississippi Municipal Judges Association. (Special Services Section Supervisor.)	7/1/79-2/80	$2,000	NIAAA and NIDA formula, and CJPD.
		3b--Encourage the Mississippi Judicial College to use some of its CJPD funds to send a judge to the Alcohol and Drug Speciality Session at the University of Nevada at Reno. (Special Services Section Supervisor.)	4/1/79-11/30/79	$900	CJPD.
4--To continue the State Penitentiary Alcohol and Drug Abuse Program.	I.B. II. III.A. III.B. III.C. III.H.	4a--Follow standard grant review procedures. (Special Services Section staff.)	7/31/79	$100	NIAAA and NIDA formula.
		4b--Implement program. (Program Director.)	6/30/80	$227,000	State.
		4c--Certify program. (Program Management Section staff.)	10/1/79	$500	NIAAA and NIDA formula.
		4d--Provide technical assistance. (Special Services and Treatment & Rehabilitation Sections staffs.)	Ongoing	$150	Same

MINI WORK-PLAN

Program Functional Area: Criminal Justice Interface

OBJECTIVE	PLAN REFERENCE	ACTION STRATEGY	TIME FRAME FOR COMPLETION	PROGRAM FINANCING	
				COST	SOURCE OF FUNDS
5--To increase the the number of referrals from the criminal justice system.	I.B. II. III.A. III.B. III.C. III.D. III.F. III.G. III.H.	5a--Provide criminal justice interface at the local level through establishing referral system, from courts, jails, police departments, etc.; have law enforcement and court personnel on the local advisory councils; provide consultation and training to law enforcement personnel; and joint planning meetings with judicial and law enforcement personnel. (Regional A/D Coordinators.)	Ongoing	$36,000	NIAAA and NIDA formula, NIMH, SWSC, and local.
		5b--Provide technical assistance to the local programs. (Special Services Section staff.)	Ongoing	$3,000	NIAAA and NIDA formula.
		5c--Use MSAMIS to document the number of criminal justice referrals. (Data Unit Coordinator.)	Ongoing	$1,000	Same
6--To increase the number of youths referred from the criminal justice system.	I.B. II. III.A. III.B. III.C. III.D. III.F. III.G. III.H.	6a--Work with the youth courts and detention centers to establish referral systems conduct joint planning, and and provide consultation & training. (Special Services Section staff.)	Ongoing	$9,000	NIAAA and NIDA formula, SWSC, NIMH, and local.
		6b--Implement the second offenders program for marijuana possession. (Special Services Section staff.)	7/1/79-Ongoing	$9,000	NIAAA and NIDA formula.

FORM I

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Form Approved
O.M.B. No. 68-R1639

STATE APPROPRIATIONS AND FINANCIAL SUMMARY

(Completion of this form is mandatory)

ITEM 1.

ANNUAL PERFORMANCE REPORT
EXPENDITURE SUMMARY FOR YEAR COMPLETED 1979

STATE REVENUE FUNDS	$ 1,902,346
FEDERAL FUNDS: ALL SOURCES	$ 1,071,965

ITEM 2.

ANNUAL UPDATE OF STATE PLAN
EXPENDITURE SUMMARY FOR PROGRAM YEAR 1980

STATE REVENUE FUNDS	$ 2,011,791
FEDERAL FUNDS: ALL SOURCES	$ 1,102,314

- 150 -

ITEM 3.

STATE APPROPRIATION REPORT
FOR PROGRAM YEAR 1980

NAME OF CONTRIBUTING AGENCY *(Enter name of each Dept. in blank space)*	SINGLE STATE AUTHORITY Department of Mental Health	State Universities	Division of Vocational Rehabilitation	Local		
TOTAL FUNDS ALLOCATED FOR DRUG ABUSE	$1,501,839	$101,482	$13,910	$293,810		

TOTAL STATE DRUG ABUSE APPROPRIATION: $ 2,011,791

STATE Mississippi

ADM 540-1

At the time of the submission of the State Plan, it was not possible to obtain a certification of the appropriations in Form 1. The certification will be forwarded as soon as it is obtained.

The allocation methods used to determine agency appropriations are as follows:

	1979	1980
1. Single State Authority--Department of Mental Health		
Mississippi State Hospital Inpatient--number (280) x average stay (34) x per diem ($33)	$314,160	$336,151*
East Mississippi State Hospital Inpatient--number (152) x average stay (13) x per diem ($51.52)	101,804	108,930*
First Offender--number (11) x average stay (365) x per diem ($19.76)	79,336	84,890*
Mississippi State Penitentiary (Parchman) Alcohol and Drug Rehabilitation Program	227,000	227,000
Three Percent Alcohol Tax Funds Amount appropriated for FY 80 ($2,094,318) x percent of 1978 alcohol admissions with secondary or tertiary drug problems (33.3%)	697,408	697,408
Community Mental Health Centers Amount of funds appropriated for FY 80 ($565,000) x percent of 1978 center admissions that were primary drug abuse admissions (08.4%)	---	47,460
Total Single State Authority	1,419,708	1,501,839
2. Department of Education		
Drug Education Section of Health Education Division	26,000	26,000
Drug Education Specialists (5)	60,000	60,000
Total Department of Education	86,000	86,000

	1979	1980
3. Universities		
University of Mississippi		
State support of marijuana project	9,750	9,750
Jackson State University		
State support of Alcohol/Drug Studies Center	5,000	5,000
CETA Drug Prevention Project	101,482	101,482
Total State Universities	116,232	116,232
4. Division of Vocational Rehabilitation--Based on services to drug clients during FY 79	13,000	13,910*
5. Local		
Local support of TASC	143,000	145,000
SWSC Matching Funds	124,406	148,810
Total Local	267,406	293,810
TOTAL STATE FUNDS	$1,902,346	$2,011,791

*Reflects 7 percent cost of living raises effective July 1, 1979.

Index of Required Items

Item	
Alcohol Authority (see Department of Mental Health)	
Cities/Mayor's Input (see Citizen Input)	
Citizen Input--	7-9, 69, 73, 75, 83 Exhibits B, C, D
Muncipalities	7, 8
CODAP/NDATUS/DAWN (see Management Information System)	
Criminal Justice Interface	23, 28-30, 70, 91, 122, 136 141-149, Exhibits C, D, E, J, K, L
Department of Mental Health Division of Alcohol and Drug Abuse	1-5, 56, 67, 68, Exhibit A
Relationship to SSA	1, 2, 10, 11, 66, 74, 76, 77 106, 137
Financial Report	150-152
HSA Coordination	11-13, 16, 62, 67, 102, 104, Exhibit C
Management Information System	9, 15, 17, 70, 74, 77, 91, 100-104 105, 107, 110, 111, 116, 130, 149 Exhibits D, E
Mental Health Authority (see Department of Mental Health)	
Minorities	22, 26, 27, 30, 41, 49, 50, 52, 54 65, 66, 80-82, 86, 92-94, 98, 99, 114, 116, 117, 119-121, 124, 127-130, 133, 137, Exhibits C, E, G, I
Needs Assessment	9, 15-55, 65, 66, 73, Exhibits D, E
Performance Reporting (see Under Table of Contents by functional areas)	
Planning Process	7, 10, 11, 66-80
Procedures for Developing Objectivies (see Planning Process)	
Provider Input	9, 15, Exhibits B, D
Regional Programs	1, 6-9, 11, 14, 56, 57, 60, 64-66, 69-71, 73, 74, 80, 83-96, 100-105, 107, 108, 110, 111, 113, 114, 116, 118, 119, 124, 125, 130 131, 135, 141, 145, 149, Exhibits C, D, E

Rural Programs	17, 80, 116, 129
SHCC	11, 12, 67
SHPDA	12, 13, 67
SSA Organizational Structure (see Department of Mental Health)	
Standards	11, 59, 60, 64, 67, 71, 74, 77, 82, 95, 96, 105-108, 110, 111, Exhibit D
State Drug Policy	1, 5-7, 9, 113, 141
State Planning Agency for Criminal Jusitce (see Criminal Justice Interface)	
State Training Support Program (see Training)	
Statewide Services Contract	60, 83-86, 88-91, 95, 101, 105, 106, 108
Sub-State Planning (see also Regional Programs)	1, 6-8, 10, Exhibit C
TASC Program	70, 144-146
Third Party Payment System	56-60, 66, Exhibits C, N
Training	
Manpower Development Task Force	11, 76, 77, 137, 139
Other	68, 70, 72, 74, 74, 78, 86, 95, 118, 122-124, 129, 130, 135, 137, 138, 144-146, 148, 149, Exhibits C. D. L
STSP	86, 137, 138, 139 Exhibit I
Urban Programs	17
Vocational Rehabilitation	68, 74, Exhibit C
Women	9, 60-63, 65, 66, 72, 73 75, 78, 80, 92, 94,97, 98, 114, 116, 117, 118, 121, 124, 125, 127-129, 132,134, 137, Exhibits B, C, D, E, I
Needs Assessment	1, 22-24, 26, 30, 41, 43, 44 46, 48, 65, 66, 72, Exhibit C, E
Youth	2, 63, 65, 66, 69, 73-75, 78-80, 91, 92, 94, 96, 97, 114-121, 124, 127-130, 133-137, 145, 146, 149 Exhibits B, C, D, E, F, H, H, M
Needs Assessment	17, 19, 22, 24-26, 30, 33, 42, 45-47, 55, 65, 66 Exhibit C, E